FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J44539 (1)

1. Corporation Name
S & S MARKETING ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4730 MADISON ST P.O. BOX 7689 (33081) HOLLYWOOD FL 33021 US	4730 MADISON ST P.O. BOX 7689 (33081) HOLLYWOOD FL 33021 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1986
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business
21: 10839 SeA CLiff Ce.
Suite, Apt #, etc. 22:
City & State 23: Boca Raton, Fl
Zip 24: 33498
Country 25: Palm Bch.

2a. Mailing Address
26: 10839 SeA CLiff Ce.
Suite, Apt #, etc. 27:
City & State 28: Boca Raton, Fl
Zip 29: 33498
Country 30: Palm Beach

4. FEI Number: 59-2737207 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIFLINGER, SY
4730 MADISON ST
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 10839 SeA CLiff Cicele
83
84 City: Boca Raton FL 85 Zip Code: 33498

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or print name of registered agent and date of signature. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☑ Change ☐ Addition
NAME	SIFLINGER, SYBIL	12 NAME	
STREET ADDRESS	4730 MADISON ST	13 STREET ADDRESS	10839 Sea Cliff Circle
CITY ST ZIP	HOLLYWOOD FL	14 CITY ST ZIP	Boca Raton, Fl 33498
TITLE	V	21 TITLE	☑ Change ☐ Addition
NAME	SIFLINGER, SUSAN	22 NAME	
STREET ADDRESS	4730 MADISON ST	23 STREET ADDRESS	10839 Sea Cliff Circle
CITY ST ZIP	HOLLYWOOD FL	24 CITY ST ZIP	Boca Raton, Fl 33498
TITLE	D	31 TITLE	☑ Change ☐ Addition
NAME	SIFLINGER, SY	32 NAME	
STREET ADDRESS	4730 MADISON ST	33 STREET ADDRESS	10839 Sea Cliff Circle
CITY ST ZIP	HOLLYWOOD FL	34 CITY ST ZIP	Boca Raton, Fl 33498
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sybil Siflinger Sybil S. Siflinger 4-26-95 (407) 477-3613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000130 CP