FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # J44539 (1)

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

Principal Place of Business
10839 SEACLIFF CR.
~~P.O. BOX 7689 (33081)~~
~~HOLLYWOOD~~ FL 33498
US

Mailing Address
10839 SEA CLIFF CR.
~~P.O. BOX 7689 (33081)~~
BOCA RATON FL 33498
US

3. Date Incorporated or Qualified: 11/15/1986
3a. Date of Last Report: 05/01/1995
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

2. Principal Place of Business
21 10839 SeaCliff Ce.
Suite, Apt #, etc.
22
City & State
23 Boca Raton, FL
Zip
24 33498
Country
25 Palm Beach

2a. Mailing Address
26 10839 SeaCliff Circle
Suite, Apt #, etc.
27
City & State
28 Boca Raton, FL
Zip
29 33498
Country
30 Palm Beach

9. Name and Address of Current Registered Agent
SIFLINGER, SY
10839 SEA CLIFF CIRCLE
BOCA RATON FL 33498

10. Name and Address of New Registered Agent
81 Name: Sybil Siflinger
82 Street Address (P.O. Box Number is Not Acceptable): 10839 Sea Cliff Circle
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: Sybil Siflinger — DATE: 4-19-96

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	SIFLINGER, SYBIL	
STREET ADDRESS	10839 SEA CLIFF CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	☐ DELETE
NAME	SIFLINGER, SUSAN	
STREET ADDRESS	10839 SEA CLIFF CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	☒ DELETE
NAME	SIFLINGER, SY	
STREET ADDRESS	10839 SEA CLIFF CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption 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 — 4-19-96 — (407) 477-3614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sybil Siflinger