## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(1)

S & S MARKETING ENTERPRISES INC

**FILED** Apr 23 1998 8:00am Secretary of State

561)

- U U U	TENTING	ING LITTER MO	LO, IIIO:						
Principal Pla	ce of Busines	s	Mailing	Address				E LABOLITO BATA DIDOL BADDI BALOD UKUN EBAL DIDIL BIDIL BADU DIDIL BIRKI DIRIL BIRKI	
10839 SEA	CLIFF CR.		10839	10839 SEA CLIFF CIRCLE					
BOCA RATO			BOCA	BOCA RATON FL 33498					
<b>US</b> US								DO NOT WRITE IN THIS SPACE	
ı								3. Date Incorporated or Qualified 11/15/1986	
2. Principal	Place of Busi	ness	2a. Mail	2a. Mailing Address				4. FEI Number Applied For	
21			26	h				<b>59-2737207</b> Not Applicab	
Suite, Apt	t. #, etc.		Suite	Suite, Apt. #, etc.				SQ 75 Additional	
22			27	27				5. Certificate of Status Desired Fee Required	
City & Sta	ate		City	City & State				Election Campaign Financing \$5.00 May Be	
23			26					Trust Fund Contribution Added to Fees	
· ·	Zip Country		—¬ `	Zip Cou		<b>0.</b> 11/13		8. This corporation owes or has paid the current year Intangible	
24	6 Name	25 and Address of Cur	29	Acent	30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
	YBIL SIFLING		ient negratered	Agent	8	1 Na	me	10, Inaline and Address of New Registered Agent	
		LIFF CIRCLE							
						2 Street Address (P.O. Box Number is Not Acceptable)			
D	BOCA RATON FL 33498				8:	3			
						1			
					8	4 Cit	ý	FL 85 Zip Code	
SIGNATURE	Sigh	or pulled hand of registered	ligations of, Sec Agent and tale if appri	16:1 5	PLIA			coration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered $4 - 10 - 98$ Let $4 - 10 - 98$ Let $4 - 10 - 98$ Let $4 - 10 - 98$	
TITLE	PST	OFFICERS A	IND DIRECTOR	DELETE	13. 1.1 TITLE		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME		er, sybil		בן סננונ	1.2 NAME			Change	
STREET ADDRESS		EA CLIFF CIRCLE			1.3 STREE		ec		
CITY-ST-ZIP		ATON FL 334	a R		1.4 CITY-		.33		
TITLE	V			DELETE	2.1 TITLE			Change Addition	
NAME	SIFLING	ER, SUSAN			2.2 NAME				
STREET ADDRESS 10839 SEA CLIFF CIRCLE						2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA P	ATON FL 3849	8		2 4 City	-ST-ZIP			
TITLE				DELETE	3 1 TITLE			☐ Change ☐ Addition	
NAME		SEACLIFE SCACLIFE RATONAL 3	1eA		3.2 NAME				
STREET ADDRESS	108 99	50 A CLIFE	Ciecle		3 3 STREE	ET ADDRI	ss		
CITY-ST-ZIP	BICA !	RATINOTAS	3498	·	3 4. CITY	- S1 - ZIP			
TITLE				☐ DELETE	4.1 TITLE			☐ Change ☐ Addilio	
NAME					4. 2 NAM	E			
STREET ADDRESS					4.3 STREE		SS		
CITY-ST-ZIP				DCLETC	4.4 C(1Y-				
TITLE				☐ DELETE	5.1 TITLE			J Change Additio	
NAME PERCET ADDRESS					5.2 NAME				
STREET ADDRESS					5.3 STREE		55		
CITY-ST-ZIP	<del> </del>			DELETE	5.4 CITY-	SI-ZIP		Change Addition	
				- DILLIE					
							22		
							33		
14. I hereby	certify that the	information supplied	with this filing o	oes not qualify fo	or the exemi	ntion s	tated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information	
officer or	on this annu director of th	al renort or suppleme	ntaf annuat repo eceiver or truste	rt is true and acc compowered to	urate and ti	T ADDRE ST-ZIP ption s	tated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the informate shall have the same legal effect as if made under oath; that I am a ulired by Chapter 607, Florida Statutes; and that my name appears in	