

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90165 016 ***150.00

DOCUMENT # J44539

1. Corporation Name

S & S MARKETING ENTERPRISES, INC.

Principal Place of Business

10839 SEA CLIFF CR.
BOCA RATON FL 33498
US

Mailing Address

10839 SEA CLIFF CIRCLE
BOCA RATON FL 33498
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1986

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 14121 82nd St. No
Suite, Apt. #, etc.

2a. Mailing Address

26 14121 82nd St. No.
Suite, Apt. #, etc.

City & State

23 Loxahatchee, Fl
Zip Country

24 33470 25

City & State

28 Loxahatchee, Fl
Zip Country

29 33470 30

9. Name and Address of Current Registered Agent

SYBIL SIFLINGER
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)

14121 82nd St. No

83

84 City

Loxahatchee

FL

85 Zip Code

33470

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 V ☐ DELETE

NAME SIFLINGER, STEPHEN
STREET ADDRESS 10839 SEACLIFF CIR
CITY-ST-ZIP BOCA RATON FL 33498

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

PST

☐ Change

☐ Addition

1.2 NAME

Siflinger, Sybil

1.3 STREET ADDRESS

14121 82nd St. No

1.4 CITY-ST-ZIP

Loxahatchee, Fl 33470

2.1 TITLE

D.

☒ Change

☐ Addition

2.2 NAME

Siflinger, Susan

2.3 STREET ADDRESS

14121 82nd St. No

2.4 CITY-ST-ZIP

Loxahatchee, Fl 33470

3.1 TITLE

D.

☒ Change

☐ Addition

3.2 NAME

Siflinger, Stephen

3.3 STREET ADDRESS

14121 82nd St. No

3.4 CITY-ST-ZIP

Loxahatchee, Fl 33470

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

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-99 561) 333-3497

CR2E034 (1/98)