

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

1. Corporation Name  
**S.A.S.S., INC.**

Principal Place of Business:  
518 RIDGEWOOD AVENUE  
HOLLY HILL, FL 32117

Mailing Address  
518 RIDGEWOOD AVENUE  
HOLLY HILL FL 32117



<b>3.</b> Date Incorporated or Qualified <b>04/23/1987</b>	<b>3a.</b> Date of Last Report <b>06/06/1995</b>
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2. Principal Place of Business		2a. Mailing Address	
21		26	P.O. Box 250792
	Suite, Apt #, etc		Suite, Apt #, etc
22		27	
	City & State		City & State
23		28	Holly Hill FL
	Zip		Zip
24		29	32125
	Country		Country
25		30	Polusia

4. FEI Number		Applied For
59-2809774		Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**8.** This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**STODDARD, SYLVIA W.**  
518 N. RIDGEWOOD AVENUE  
HOLLY HILL FL 32117

10. Name and Address of New Registered Agent

<b>81</b>	Name	
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>		
<b>84</b>	City	
		<b>85</b> Zip Code

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 in full name of registrant, and a post and title if applicable.

*Sylvia W. Stoddard*

8/13/96

Signature (typed name, name of legal agent, and title if applicable) \_\_\_\_\_ (NIEB) Registered Agent's signature required when re-registering

[45]

**12.** OFFICERS AND DIRECTORS

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	AMNOTT, SHIRLEY J.	
STREET ADDRESS	518 RIDGEWOOD AVE	
CITY-STATE	HOLLY HILL FL	

11 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12 NAME			
13 STREET ADDRESS			
14 CITY, ST, ZIP			

TITLE	D	<input type="checkbox"/> DELFT
NAME	STODDARD, SYLVIA	
STREET ADDRESS	518 RIDGEWOOD AVE	
CITY - ST. ZIP	HOLLY HILL FL	

2 1 TITLE ☐ Change ☐ Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY, ST, ZIP

CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

4 1 NAME	Change	Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY, ST, ZIP		

TITLE	<input type="checkbox"/> DELFTE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

*L.H.W. Stoddard* V-PRES & DIR.

8/13/96 904-257-9554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Order #

CR2E034 (3/96)