03-05-1999 90046 040 \*\*\*150.00

## 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

## DOCUMENT # **K32795**

1. Corporation Name

SSM COMMUNICATIONS, INC.

Principal Place of Business Mailing Address								
1313 S. MILITARY TRAIL		1313 S. MILITARY TRAIL	*					
DEERFIELD BEACH FL 33442		DEERFIELD BEACH FL 33442			DO NOT MIDITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed	DO NOT WRITE IN THIS SPACE		
					09/12/1988			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied F	or		
21		26			65-0074279 Not Appli	icable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<b>\$8.75</b> Addition	nal		
22		27			5. Certificate of Status Desired	l		
City & State		City & State			6. Election Campaign Financing \$5.00 May E			
23		28			Trust Fund Contribution Added to Feet	5		
Zip	Country	Zip	Country	/	8. This corporation owes the current year Intangible			
24	25		30		Personal Property Tax. Yes No			
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered Agent			
COL	ODNEY, SIDNEY		"	Name				
1313 S, MILITARY TRAIL			82	Street	eet Address (P.O. Box Number is Not Acceptable)	[		
DEERFIELD BEACH FL 33442			83			=		
			84	City	FL 85 Zip Code			
44 Durayant	to the provisions of Sections 607 050	02 and 607 1508. Florida Statute	s the abov	le-named	ed corporation submits this statement for the purpose of changing its regist	ered		
office or r	ocietored agent or both in the State	of Florida, Such change was all	ithonzed by	tne com	orporation's board of directors. I hereby accept the appointment as registered	ed		
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statutes	<b>5.</b>		ł		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Age	nt signature	ure required when reinstating) DATE	<del>-</del> [		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			
TITLE	DP	☐ DELETE	1.1 TITLE		Change	Addition		
NAME	COLODNEY, SIDNEY A.		1.2 NAME			ļ		
STREET ADDRESS	1313 S MILITARY TRAIL		1.3 STREE	TADDRESS	:ss	1		
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 C/TY-5	ST-ZIP		1155		
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐	Addition		
NAME	COLODNEY, SHIRLEY		2.2 NAME			- {		
STREET ADDRESS	1313 S MILITARY TRAIL		2.3 STREE	TADDRESS	:ss	[		
CITY-ST-ZIP	DEERFIELD BEACH FL		2.4 CITY-	ST-ZIP	☐ Change	Addition		
TITLE		☐ DELETE	3.1 TITLE		· Criange ()	Addition		
NAME			3.2 NAME					
STREET ADDRESS				TADDRESS	iss	}		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-	ST-ZIP	☐ Change	Addition		
TITLE			4.1 TITLE					
NAME			4.2 NAME			1		
STREET ADDRESS				TADDRESS	:55			
CITY-ST-ZIP		☐ DELETE	4.4 C/TY-5	01-ZIF	Change □	Addition		
TITLE		_ 5222,12	5.1 THEE					
NAME				T ADDRESS	ESS	)		
STREET ADDRESS CITY-ST-ZIP			5.4 CITY-5					
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐	Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADORESS	ESS			

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.

6.4 CITY-ST-ZIP