

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L10964 (9)

1. Corporation Name
SSS ENTERPRISE MANAGEMENT, INC.



Principal Place of Business Mailing Address
P.O. BOX 4636 JACKSONVILLE FL 32201-4636
P.O. BOX 4636 JACKSONVILLE FL 32201-4636

3. Date Incorporated or Qualified **08/18/1989** 3a. Date of Last Report **06/20/1995**
4. FEI Number **50-2802805 59-310217** 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
10. Name and Address of New Registered Agent

2. Principal Place of Business 2a. Mailing Address
21. **P.O. BOX 11474** 26. **P.O. BOX 11474**
22. Suit, Apt., etc. 27. Suite, Apt., etc.
23. City & State **Jacksonville, FL.** 28. City & State **Jacksonville, FL.**
24. Zip **32239-1474** 29. Zip **32239-11474** 30. Country **USA**

9. Name and Address of Current Registered Agent
SIMON, LINDA
7710 ARBLE DR
JACKSONVILLE FL 32211
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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 *Linda A. Simon* **Linda A. Simon** **4/3/96**
Signature of Registered Agent (Print and Title if Applicable) (NOTE: Registered Agent Signature is required when filing.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, LINDA ANN	1.2 NAME	
STREET ADDRESS	1905 CLYDE ST	1.3 STREET ADDRESS	Simon, Linda
CITY-STATE-ZIP	JACKSONVILLE FL	1.4 CITY-STATE-ZIP	7420 Linda Dr #11
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANTON, DOUGLAS M.	2.2 NAME	
STREET ADDRESS	7710 ARBLE DR	2.3 STREET ADDRESS	Jacksonville, FL 32208
CITY-STATE-ZIP	JACKSONVILLE FL	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANNON, VERLON E.	3.2 NAME	
STREET ADDRESS	1955 NOBLE RUNWAY	3.3 STREET ADDRESS	
CITY-STATE-ZIP	COLUMBUS OH	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D Janis Cooper
STREET ADDRESS		4.3 STREET ADDRESS	7861 Tory Place N
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	Jacksonville, FL 32208
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	500001775925
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	-04/11/96--01011--011
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	***200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/5/96** **(904) 744-7230**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)