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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 11 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L28743 (7)

1. Corporation Name
S & S ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~4000 S.W. BALLETO ST.~~ ~~PT ST. LUCIE FL 34953~~	~~4000 S.W. BALLETO ST.~~ ~~PT ST. LUCIE FL 34953~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
11/07/1989	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 354 Cypress Dr. #5	26 354 Cypress Dr.
22 Suite, Apt. #, etc. #5	27 Suite, Apt. #, etc. #5
23 City & State Tequesta Fla.	28 City & State Tequesta, Fla
24 Zip 33469 25 Country USA	29 Zip 33469 30 Country USA

4. FEI Number 65-0156562 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHINN, EUGENE A., JR ~~354 CYPRESS DR~~ TEQUESTA FL 33469	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 354 Cypress Dr. #5 83 84 City FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☑ Change ☐ Addition
NAME	SHINN, DEBORAH	12 NAME	
STREET ADDRESS	~~4000 BALETTO ST~~	13 STREET ADDRESS	740 Tanglewood Trail
CITY-ST-ZIP	~~PORT ST. LUCIE FL~~	14 CITY-ST-ZIP	Stuart, Fla 34997
TITLE	D	21 TITLE	☑ Change ☐ Addition
NAME	SHINN, EUGENE A., JR	22 NAME	
STREET ADDRESS	~~4000 BALETTO ST~~	23 STREET ADDRESS	740 Tanglewood Trail
CITY-ST-ZIP	~~PORT ST. LUCIE FL~~	24 CITY-ST-ZIP	Stuart, Fla 34997
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: Eugene Shinn Jr. 4/4/95 407-744-2246
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0382995 CP