FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (7) S & S ENTERPRISES, INC. Principal Place of Business Mailing Address 354 GYPRESS DR 35 -354-GYPRESS DR TEQUESTA FL 33469 -U\$- IEQUESTA FL 83469 3. Date Incorporated or Qualified 3a. Date of Last Report 11/07/1989 04/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 740 Tanale word Iran Applied For 26 Jam 65-0156562 Not Applicable Suite, Apt. #, etc. 22 \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability or intangible tax under s 199.032, 25 Martin 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHINN, EUGENE A., JR Street Address (P.O. Box Number is Not Acceptable) 82 354 CYPRESS DR #5 **TEQUESTA FL 33469** 84 City 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 familiar with, and accept the obligations of Section 607.0505, Florida Statutes. Eugene Shinn Jr. d when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (12/95) TITLE DELETE 1. 1 TITLE Change ☐ Addition NAME SHINN, DEBORAH 1.2 NAME STREET ADDRESS 740 TANGLEWOOD TRIAL 1.3 STREET ADDRESS STUART FL DITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2 1 TITLE ☐ Change Addition NAME SHINN, EUGENE A., JR 22 NAME STREET ADDRESS 740 TANGLEWOOD TRAIL 23 STREET ADDRESS CITY-ST-ZIP STUART FL 2.4 CITY - ST-ZIP TITLE DELETE 3 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-2IP TITLE DELETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 THILE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY- ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST- 7/P 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 annual report. It is an an officer or director of the corporation or the receive of ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 6.4 CITY-ST-ZIP

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR