FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L40571

(6)

FILED
Jan 21 1997 8:00am
Secretary of State

Corporation Name	1 • <i>1</i>	
S & S PUBS AND TAVERNS, INC.		

Principal Plac	ice of Business	Mailing Address		1 100/1811 DIA GABIA BUNUN UNUN 18001 ATBA	0/2/10 0100/1 0101/1 0101/1 0107/1 2/2/1/ /8/3/
2730 S. DIXIE HWY 2730 S. DIXIE HWY. 218 DATURA ST 218 DATURA ST WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33401-5679					
		218 DATURA ST			
		WEST PALM BEACH FL US	33401-5679	3. Date Incorporated or Qualified	3a. Date of Last Report
				01/02/1990	01/26/1996
	Place of Business	2a. Mailing Address	, · · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21		26		65-0159376	Not Applicable
Suite, Apt	t.#,etc	Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Sta	ate	City & State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. Election Campaign Financing	i
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent
	elch, edward d.		81 Name		
	8 DATURA ST		82 Street Add	Iress (P.O. Box Number is Not Acceptab	ie)
WE	EST PALM BEACH FL 33401			***************************************	,
			63		
			B4 City		85 Zip Code
					FL
Ť		e of Florida. Such change was gations of, Section 607.0505, F	authorized by the corpora Florida Statutes.	poration submits this statement for the pation's board of directors. I hereby acception	it the appointment as registered
SIGNATURE	Signatural typed or proced harrie of registered a	gent and title if approable (NC	OTE Registered Agent signature requ	ired when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, THOMAS J.		12 NAME		
STREET ADDRESS			13 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CiTY - ST - ZIP		
TITLE		L DELETE	21 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS	,		2.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2 4 CITY-ST-ZIP		Phones L Addition
TITLE			31 TITLE		Change Addition
NAME DESCRIPTION			3 2 NAME		
STREET ADDRESS	`		3 3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	3 4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		_ Discre	4 2 NAME		En phange En Addition
STREET ADDRESS					
CITY-ST-ZIP	` 		4.3 STREET ADDRESS 4.4 City-St-Zip		
TIFLE		DELETE	51 TITLE		Change Addition
NAME		hand	5.2 NAME		the same the same
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		First Company
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S1-ZIP			6.4 CITY - ST - ZIP		
	eliv certify that the information suppli	ed with this filing does not gua		id in Section 119 07(3Vi). Florida Statute	. I further cortify that the

If do hereby certify that the information supplied with Jhis filling 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 innual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it am an officer or director of the corporation or the receipt 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/97 561-684-2780