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FILED
May 01, 1999 8:00 am
Secretary of State

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April 1999

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L80965**

1. Corporation Name
S & S GAS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1360 N FEDERAL HWY
 POMPANO BEACH FL 33304-1428**

Mailing Address
**1360 N FED HWY
 POMPANO BCH FL 33062
 US**

3. Date Incorporated or Qualified
06/18/1990

4. FEI Number
06-1299053

5. Certificate of Status Desired Applied For
 Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent

**SHANNON, DONALD J
 1785 E SUNRISE BLVD.
 FT LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 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 *Donald J Shannon* **Donald Shannon** **4/27/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHANNON, DONALD J	
STREET ADDRESS	1785 E SUNRISE BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SHANNON, LESLIE	
STREET ADDRESS	1785 E SUNRISE BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SADER, RON	
STREET ADDRESS	234 UNIVERSAL DR	
CITY-ST-ZIP	N HAVEN CT	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SCHIAVONE, M	
STREET ADDRESS	234 UNIVERSAL DR	
CITY-ST-ZIP	N HAVEN CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Donald J. Shannon	
1.3 STREET ADDRESS	1360 N. Fed Hwy	
1.4 CITY-ST-ZIP	Pompano Beach FL 33062	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Donald J Shannon* **Donald Shannon** **4/27/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **954 943 8530**

CR2E034 (11/98)