

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90007 019 \*\*\*\*61.25

**DOCUMENT # N97000001415**

1. Entity Name  
**S.S.O.C. ASSOCIATION, INC.**



Principal Place of Business  
**2057 SE 6TH STREET  
DEERFIELD BEACH, FL 33441**

Mailing Address  
**1626 SE 3RD CT  
SUITE 126  
DEERFIELD BEACH, FL 33441**

4006127



02262006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3400085</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**FRANKLIN, RAYMOND W  
1626 SE 3RD CT  
SUITE 126  
DEERFIELD BEACH, FL 33441**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE	SD
NAME	FRANKLIN, RAYMOND W
STREET ADDRESS	1626 SE 3RD CT, SUITE 126
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441

TITLE	PD
NAME	FISCHEITTI, MARIO
STREET ADDRESS	972 GLEN COVE AVE
CITY-ST-ZIP	GLEN HEAD, NY 11545

TITLE	VD
NAME	SHERIDIAN, STEPHEN
STREET ADDRESS	13412 KINGS GLEN DRIVE
CITY-ST-ZIP	ST LOUIS, MO 631311023

TITLE	TD
NAME	KACHEL, KLAUS
STREET ADDRESS	1950 BOUNDARY RD
CITY-ST-ZIP	WHITBY ONTARIO 61N8P8 CANADA,

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **176A 2/27/06 914 360-2967**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #