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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000088830

Country

1. Corporation Name SS MART, INC.

Principal Place of Business 8102 INTERNATIONAL DR.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SHITE 725

21

22

23

24

Zip

ORLANDO FL 32819

Mailing Address

2a. Mailing Address

5858

Suite, Apt. #, etc.

City & State Oclando,

32819

8102 INTERNATIONAL DR. SUITE 725 ORLANDO FL 32819

26

27

28

FILED Mar 14, 1999 8:00 am

Secretary of State

03-14-1999 90023 012 ***150.00

	DO NOT WRITE IN	THIS SPACE
3.	Date Incorporated or Qualifed	
	12/22/1993	
4.	FEI Number	Applied For
	59-3225761	Not Applicable
5.	Certifcate of Status Desired	\$8.75 Additional
6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

30 USA 29 25 9. Name and Address of Current Registered Agent MAALI -MAAT, JESSE M. 6454 INTERNATIONAL DR. ORLANDO FL 32819

	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								

Personal Property Tax.

8. This corporation owes the current year Intangible

11. Pursuant to the provisions of Sections 697.6502 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 objigations of, Spotion 807.0505, Florida Statutes.

akehurst Dr.

Country

ago		7 /		72/	7/99		
SIGNATURE	Signature, typed or printed name of registered agent and title if at	policable (NOTE: R	egistered Agent signature r		7/77		
12.	OFFICERS AND DIRECT	<u> </u>	13.				
TITLE	D .	DELETE	1,1 TITLE		☐ Change	☐ Addition	
NAME	KHATIB, BASHIÓ A		1.2 NAME				
STREET ADDRESS	5401 KIRKMAN RD SUITE 725		1.3 STREET ADDRESS				
CITY-ST-ZIP	OKLANDO FL 32819		1,4 CITY-ST-ZIP				
TITLE	V	□ DELETE	2.1 TITLE	P	Change	☐ Addition	
NAME	D		2.2 NAME	MAALI, JESSE		}	
STREET ADDRESS	6454 INTERNATIONAL DR.		2.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32819		2. 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE	VP	Change	Addition	
NAME			3.2 NAME	KHANANI, SALEEM 6454 Puternational Dr			
STREET ADDRESS			3.3 STREET ADDRESS	6454 Enternational Dr			
CITY-ST-ZIP			3.4. CITY-ST-ZIP	Orlando. 122 32819			
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 TITLE		Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS	• •		6.3 STREET ADDRESS			ļ	
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. 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 of 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 chapted, or on an attachment with an address, with all other like empowered.

□No