

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

FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000054220 (6)

1. Corporation Name
SST ENTERPRISES, INC.



Principal Place of Business
04009 MARION COUNTY RD
WEIRSDALE FL 32195

Mailing Address
04009 MARION COUNTY RD
WEIRSDALE FL 32195-5207

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

RICHARD C JANS
380 W ALFRED STREET
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name SAMUEL S. THISE
82 Street Address (P.O. Box Number is Not Acceptable)
04009 MARION COUNTY RD.
83
84 City WEIRSDALE FL 85 Zip Code 32195

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

SAMUEL S. THISE - President

3/1/97

(Type in city or foreign country of registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	NAME	THISE, SAMUEL S	<input type="checkbox"/> DELETE
12.2	STREET ADDRESS	04009 MARION COUNTY RD.	
12.3	CITY - ST - ZIP	WEIRSDALE FL 32195	
12.4	TITLE	S	<input type="checkbox"/> DELETE
12.5	NAME	THISE, CONNIE S	
12.6	STREET ADDRESS	04009 MARION COUNTY RD.	
12.7	CITY - ST - ZIP	WEIRSDALE FL 32195	
12.8	TITLE		<input type="checkbox"/> DELETE
12.9	NAME		
12.10	STREET ADDRESS		
12.11	CITY - ST - ZIP		
12.12	TITLE		<input type="checkbox"/> DELETE
12.13	NAME		
12.14	STREET ADDRESS		
12.15	CITY - ST - ZIP		
12.16	TITLE		<input type="checkbox"/> DELETE
12.17	NAME		
12.18	STREET ADDRESS		
12.19	CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY - ST - ZIP	
13.5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY - ST - ZIP	
13.9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY - ST - ZIP	
13.13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SAMUEL S. THISE

2-18-97

(352) 753-2914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)