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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
97 MAY -1 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000026031 (1)

1. Corporation Name  
S&S REALTY INVESTMENTS, INC.



Principal Place of Business  
1145 SCARLETT OAK STREET  
HOLLYWOOD FL 33019

Mailing Address  
1145 SCARLETT OAK STREET  
HOLLYWOOD FL 33019-4804

3. Date Incorporated or Qualified 03/31/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0594184	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
FEINBERG, JEFFREY  
4651 SHERIDAN STREET  
SUITE 300  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	1. NAME
NAME	2. STREET ADDRESS
STREET ADDRESS	3. CITY - ST - ZIP
CITY - ST - ZIP	
TITLE	1. NAME
NAME	2. STREET ADDRESS
STREET ADDRESS	3. CITY - ST - ZIP
CITY - ST - ZIP	
TITLE	1. NAME
NAME	2. STREET ADDRESS
STREET ADDRESS	3. CITY - ST - ZIP
CITY - ST - ZIP	
TITLE	1. NAME
NAME	2. STREET ADDRESS
STREET ADDRESS	3. CITY - ST - ZIP
CITY - ST - ZIP	
TITLE	1. NAME
NAME	2. STREET ADDRESS
STREET ADDRESS	3. CITY - ST - ZIP
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 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: \_\_\_\_\_ 4-30-97 954 927 7626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)