

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

pg. 1

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
97 AUG 11 PM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000083745 (6)
1. Corporation Name
S & S PARTNERS, INC.



Principal Place of Business 4371 NW 115TH TERR. SUNRISE FL 33323	Mailing Address 4371 NW 115TH TERR. SUNRISE FL 33323
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/30/1995	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0617905	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
STARZEE, DIANE T
4371 NW 115TH TERRACE
SUNRISE FL 33323

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STARZEE, DIANE T	
STREET ADDRESS	4371 NW 115TH TERR.	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHARKEY, PATRICIA A	
STREET ADDRESS	4371 NW 115TH TERR.	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	300002267603--2
2.3 STREET ADDRESS	-08/14/97--01126--014
2.4 CITY-ST-ZIP	****165.00 ****165.00
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 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.

CR2E034 (4/97)

S Partners, Inc.

Initiating sensible business practices for a better life

July 23, 1997

Florida Department of State
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Doc#P95000083745 (6)
FEI# 65-0617905

We have recently received a 2nd. Notice regarding our 1997 Profit Corporation Annual Report. Our records indicate that we originally filed this report on April 14, 1997. We checked with our bank and found that the check had not cleared as of July 22, 1997, in following up with your office we were told that the report and payment were not logged as received either.

As per the instructions required by your office to remedy this situation without penalty, we have stopped payment on our check #104 dated April 4, 1997 and reissued the 1st. Notice filing fee with our check #128 dated July 23, 1997; enclosed a copy of the signed 1st. report; enclosed a copy of our check #104 sent in April, as well as the new check and are sending this letter of explanation.

Should any further information be needed or you wish to contact us please call or fax (954) 742-9858 any time.

Thank you for your help and understanding in this matter.

Sincerely,



Trish Sharkey
President

4371 N.W. 115th. Terrace Sunrise, FL 33323
(954)742-9858 Phone/Fax