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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

ANNUAL REPORT 1999		Secretary of State DIVISION OF CORPORATIONS			3	Secretary of State 04-07-1999 90043 032 ***150.00			
1. Corporation	MENT # P960000 SS DESIGNS, INC.	037832							
Principal Place	of Rusiness	Mailing Address					404K 4000 401 6 0		
Principal Place of Business Mailing Address 9570 SW 192ND CT RD 9570 SW 192ND CT RD						·			
DUNNELLON FL		DUNNELLON FL 34432				DO NOT WRITE IN THIS	SPACE		
!						3. Date Incorporated or Qualifed 05/02/1996			
2. Principal Pl	lace of Business	2a. Mailing Address	¬			4. FEI Number 59-3375516		plied For t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee Re		
City & State	e	City & State				6. Election Campaign Financing	\$5.00		
23 Zip	Country	Zip Country				Trust Fund Contribution This corporation owes the current year Int		o.Eees	
24	25	29 30)			Personal Property Tax.	☐Yes	□No	
	9. Name and Address of Current	Registered Agent		T		10. Name and Address of New Registered	Agent		
e∪ni	ulz, werner e			81 N	ame				
9570 SW 192 CT. RD.				82 St	reet Add	dress (P.O. Box Number is Not Acceptable)		·	
DUNNELLON FL 34432							_		
	·						**************************************	Sa da	
	. •	•		84 C	ity	FL	85 Zip C	ode	
11. Pursuant to office or reagent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statutes, f Florida. Such change was auth ons of, Section 607.0505, Florida	the all orized a Stati	bove-na by the utes.	med.cor corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoi	changing its ntment as re	registered gistered	
SIGNATURE	•								
	Signature, typed or printed name of registered agent			Agent sign	nature requir	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition	
TITLE NAME	SEID, VOLKER	_ occi.c	1.1 TITLE 1.2 NAME					_	
	MARTIN LUTHER STR #24			REET ADD	RESS				
STREET ADDRESS	74626 BRETZFELD, GERMANY	~	1.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	VP	☐ DELETE	2.1 TITLE		,		Change	☐ Addition	
NAME	WERNERE, SCHULZ		2.2 NAME						
STREET ADDRESS	9570 SW 192ND COURT RD		2.3 STREE		RESS				
CITY-ST-ZIP	DUNNELLON FL	V	2. 4 CITY-		,				
TITLE	The Artist Control of the Control of	DELETE	3.1 TĨ	TLE	=		Change	☐ Addition [
NAME			3.2 N	AME		·			
STREET ADDRESS	,		3.3 S1	TREET ADD	RESS				
CITY-ST-ZIP	·		3.4. C	ITY-ST-ZIF	<u> </u>				
TITLE		☐ DELETE	4.1 Tr	TLE			Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS	AND A		B	REET ADD					
CITY-ST-ZIP		DELETE	•	TY-ST-ZIP	' 		Change	Addition	
TITLE		C DETELE	5.1 TITLE 5.2 NAME					1.30(00)	
NAME			1	TREET ADD	RESS	١			
STREET ADDRESS			1	TY-ST-ZIP					
CITY-ST-ZIP		□ DELETE			-		[] Change	☐ Addition	

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _

NAME

STREET ADDRESS