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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ,

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 20 1997 8:00am

Secretary of State

POCUMENT # P96000079860 (8)

S & S RANCH, INC.

Principal Place	o of Dunings	Mailing Addrson			
Principal Place of Business 516 SE 28TH TERRACE		Mailing Address 516 SE 28TH TERRACE	:		
CAPE CORAL FL 33904		CAPE CORAL FL 33904-34	17		
				3. Date Incorporated or Qualified 09/25/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address	and the control of the second	4. FEI Number	Applied For
21		26	·	65-0703757	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·	5. Certificate of Status Desired	\$8.75 Additional
City & State		[27]			Fee Required
23		City & State	÷	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip	Country	8. This corporation has liability for interest and contribution.	
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curren		.]	10. Name and Address of New Regis	stered Agent
SAL	O, DAVID		81 Name		
	SE 28TH TERRACE		82 Street Add	ress (P.O. Box Number is Not Acceptable	
CAPI	E CORAL FL 33904		. 0.001712		'
			83		
			84 City		85 Zip Code
					FL
11. Pursuant office or r	to the provisions of Sections 607.050 epistered apont, or both, in the State	2 and 607.1508, Florida Statut of Florida, Such change was :	es, the above-named cor authorized by the corpora	rporation submits this statement for the pur ation's board of directors. I hereby accept t	pose of changing its registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Fl	orida Statutes.	and to bound of choolers. Thereby accept t	are appointment as regionare
SIGNATURE					
12.	Signature, typed or printed name of registered age OFFICERS ANI		E Registbred Agent signature requ	alred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE.
TITLE	D	DELETE	1. 1016	ADDITIONS/OFFANGES TO OFFICE	Change Addition
NAME	SALO, DAVID		1.2 NAME		
STREET ADDRESS	516 SE 28TH TERRACE		1.3 STREET ADDRESS		
City-St-ZIP	CAPE CORAL FL 33904		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2 11116		☐ Change ☐ Addition
NAME	SALO, JOHN		2.₹ NAME		
STREET ADDRESS	516 SE 28TH TERRACE		2.\$ STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		2. N CITY+ST-ZIP		
TITLE		DELETE	3 1111.6		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.\$ STREET ADDRESS		
CITY-ST-ZIP TITLE		DECETE	3.4. C(1Y - ST - ZIP 4.1 1/1LE		Change Addition
1		bettie	l i		Claude Clyonion
NAME OTRICET ADDRESS			4. 2 NAME		
STREET ADDRESS City-St-Zip			4.3 STREET ADDRESS		
TITLE		DELFTE	4.4 CITY - S1 - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		_ •
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C(1Y - S1 - Z(P		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			G.2 NAME		ļ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 CHY-ST-7/P		i

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 any fait 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 executive appears in Block 12 or Brock 13 if changed, or on an attachment with an address.