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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000079860 (8)

S & S	RANCH, INC.		, ,	•			
Principal Place of Business Mailing Address						IN INCOLUNIU MISSE DEST 1801	
\$16 SE 28TH TERRACE 516 SE 28TH TERRACE CAPE CORAL FL 33904 CAPE CORAL FL 33904						DO NOT WRITE IN THIS	SPACE
						3. Date Incorporated or Qualified	
L						09/25/1996	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	Applied For
21		26				65-0703757	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #	· -			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 7ip 25 29 3i		Country		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.    Yes    No		
	g, Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent
SALO, DAVID				81	Name		
516 SE 28TH TERRACE CAPE CORAL FL 33904					82 Street Address (P.O. Box Number is Not Acceptable)		
					Ott COL Fig.	arous (1.5. box realmos) is not nocopiable)	
				63			
				84	City		85 Zip Code
					,	FL	_     '
11. Pursuant office or reagent. I as	to the provisions of Sections 607.056 ogistered agent, or both, in the State on familiar with, and accept the oblic	02 and 607.1508, Flori of Florida, Such char gations of, Section 607	da Stetutes, ige was auth .0505, Florid	the above horized by la Statutes	named co the corpora	rporation submits this statement for the purpose o ation's board of directors. I hereby accept the app	of changing its registered pointment as registered
Signature typed or protect own endings lead agent and still diapproable (NOTE: Registered Agent signature)					nt signaturo requ	re-required when roinstating) DATE.	
12.				13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	, •		EL.ETÉ	1.1 TITLE			☐ Change ☐ Addition
NAME	<b>\$</b> ALO, 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-7IP			
TITLE	D	· ·		21 TITLE			Change Addition
NAME	SALO, JOHN			2.2 NAME			
STREET ADDRESS	516 SE 28TH TERRACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33904		· PTF	2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE		3.1 TITLE			Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET			
CITY-ST-ZIP				3.4 CITY-S	1-ZIP		
TITLE		ان لــا	Ltlt	4.1 TITLE			☐ Change ☐ Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS		

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 employee 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 employee 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 employee 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 employee 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 employee 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 employee 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 of the corporation or the receiver of the corporation or the corporation of th

44 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

5 1 111LE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DAULAR SAFA YLASION GUI- YST-U

CR2E034 (10/97)

Change

Change

Addition

Addition

**FILED** 

May 07 1998 8:00am

Secretary of State