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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🌁

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P97000054564 (4)

S. S. & R. ENTERPRISES, INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 17 1998 8:00am Secretary of State



8930 SR 84. DAVIE FL 33		8990 SR 84. #129 DAVIE FL 33324			DO NOT WRITE	IN THIS SI	PACE	
					<ol><li>Date Incorporated or Qualified 06/20/1997</li></ol>			
21 893		-	84		65-0764044		<del></del>	Applied For Not Applicable
Suite, Apt	29	Suite, Apt. #, etc.		- 22	5. Certificate of Status Desired			Additional Required
	SIE, FL	28 177.0.0.7	FC		6. Election Campaign Financing Trust Fund Contribution			D May Be I to Fees
24 333	21 Country 25 Blow ALD 9. Name and Address of Current		Country 30 Be	WARD		30. 🗆	Yes	ntangible  No
	<del></del>	Hegistered Agent	81	Name	10. Name and Address of New Reg	istered A	jent	<del></del>
	EEN, S.B.		[6,					
	30 SR 84, #129 VIE FL 33324		82 83	Street Addi	ress (P.O. Box Number is Not Acceptable	θ)		
			63					
	•		84	City		FL		Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508, Florida Statute I Florida. Such change was ar ons of, Section 607.0505, Flor	es, the above uthorized by rida Statutes	e-named corp the corporat s.	poration submits this statement for the pution's board of directors. I hereby accep	urpose of c t the appoi	nanging ntment as	its registered s registered
SIGNATURE	_							
	Signature, typed or printed name of registered agent		_	nt signature requir	red when reinstating)	DATE		
12.	OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12 Addition
NAME	GREEN, S.B.	C Decent	1.2 NAME				_ Change	L. Addition
STREET ADDRESS	8930 SR 84, #129		1.3 STREET	2220004				i
CITY-ST-ZiP	DAVIE FL 33324		1.4 CITY-S					Į!
TITLE		DELETE	2.1 TITLE	1-14		"Т	Change	Addition
NAME			2.2 NAME		•	_		
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2. 4 CITY - S	T-ZIP				
TITLE		DELET <b>E</b>	3.1 TITLE			[	Change	☐ Addition
NAME			3.2 NAME					ł
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CiTY - S	T-ZIP				
TITLE		☐ DELETÉ	4.1 TITLE			L.	Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP		D no rat	4.4 CITY - S	- ZIP			1 0:	
TITLE		☐ DELETE	5.1 TITLE			L	] Change	Addition
NAME CARGET ADDRESS			5.2 NAME					
STREET ADDRESS			5.3 STREET	1				
CITY-ST-ZIP TITLE		DELÉTE	5.4 CITY-ST 6.1 TITLE	- ZIP		<del></del>	Change	Addition
NAME		C. VILLIE	6.2 NAME			_	Johanyo	L MOUNDON
STREET ADDRESS			6.3 STREET	ADDOCCC				-
GITY-ST-ZIP			6.4 CITY-ST					
			- V- OH 1 U					

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.