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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000093803 (9)

S & S MARKETING INTERNATIONAL, INC.

Principal Place of Business Mailing Address 6803 LONG POINTE WY 6803 LONG POINTE WY TAMPA FL 33615 TAMPA FL 33615 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/30/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Yes Yes Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SODER, SCOTT M 6803 LONG POINTE WY Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33615** 83 Zip Code 85 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or poole 3 name of rege terest agent and title if approachle (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition 1.1 TOLE SODER, SCOTT M NAME 1.2 NAME 6803 LONG POINTE WY STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33615** CITY-ST-ZIP 1.4 CITY-ST-7IP TITLE DELETE Change Addition 21 THE NAME **SPEER. ROBERT R** 2.2 NAME STREET ADDRESS 6803 LONG POINTE WY 2 3 STREET ADDRESS **TAMPA FL 33615** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TOTLE Addition CHAMBERLAIN, DAVID S NAME 3.2 NAME STREET ADDRESS 4805 STEARNS RD 3.3 STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE Addition Change 417016 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-7IP

14. I hereby cortify 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 autiress.

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

U/zalan

Change

Change

Addition

\_\_\_ Addition

**FILED** 

May 07 1998 8:00am

Secretary of State