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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000073038 1. Corporation Name

SSUB, INC.

SIGNATURE

Principal Place of Business

Mailing Address

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90245 043 \*\*\*150.00



4502 FOUNTAINBLEAU ROAD TAMPA FL 33634	4502 FOUNTAINBLEAU ROAD TAMPA FL 33634		DO NOT WRITE IN THIS SF	PACE
			3. Date Incorporated or Qualifed 08/20/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3528784	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	~	5Certifcate 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 Country 24 25	Zip Co. 29 30	untry	This corporation owes the current year Intang     Personal Property Tax.	gible ]Yes <b>⊠</b> No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
RUSS, KENNETH J  4502 FOUNTAINBLEAU ROAD  Please correct!  BUSS, KENNETH J		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33634		83		
		84 City	FL	85 Zip Code
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

(NOTE: Registered Agent signature

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Pleaserret DELETE TITLE 1.1 TITLE Buss, Kenneth J Russ Kenneth J 1.2 NAME NAME

4502 FOUNTAINBLEAU ROAD 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33634 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS

2.4 CITY-ST-ZIF CÎTY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE 4.1 TITLE TITLE

Signature, typed or printed name of registered agent and title if applicable

NAME 4.2 NAME STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 5.1 TITLE TITLE

52 NAME STREET ADDRESS 5.4 CITY+ST-ZIP CITY-ST-ZIP □ DELETE 6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP\* (1) 64 CITY-ST-7IP

Addition ☐ Change 4.3 STREET ADDRESS ☐ Addition ☐ Change 5.3 STREET ADDRESS ☐ Addition ☐ Change

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.

SIGNATURE:

NAME

TITLE

NAME

CR2E034 (11/98)

Addition

Addition

Addition

Change

Change