FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE Sandra B Mortham CORPORATION Secretary of State ANNUAL REPORT 3.22 96 B COMORATIONS 1996 S39985 **DOCUMENT #** Corporation Name S & S INTEGRATION INCORPORATED Mailing Address Principal Place of Business 6600 NW 16TH STREET 6600 NW 16TH STREET SUITE 12 3a. Date of Last Report SHITE 12 3. Date Incorporated or Qualified PLANTATION FL 33313 PLANTATION FL 33313 03/20/1995 03/20/1991 HS Applied For 4. FEI Number 2a. Mailing Address Not Applicable 65-0259607 2. Principal Place of Business \$8.75 Additional 26 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 27 \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution City & State 8. This corporation has liability for intangible tax under s 199.032, 28 Country Yes No Zip Country Florida Statutes Zip 10. Name and Address of New Registered Agent 30 29 25 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 SOOD PRDEEP 6600 NW 16TH STREET SUITE 83 Zip Code **UNIT 16** 85 84 City 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, 1 am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. PLANTATION FL 33313 (NOTE: Registered Agent signature required when remotating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Signature, typed or printed name of registered agent and the if applicable SIGNATURE 13. Change OFFICERS AND DIRECTORS 12. 1. 1 3/11/0 DELETE DCP TITLE 1.2 NAME SOOD, PARDEEP 1.3 STREET ADDRESS 6600 NW 16TH STREET SUITE 12 STREET ADDRESS 1.4 CITY - ST - ZIP Change Addition PLANTATION FL CITY - ST - ZIP 2 1 TiTLE DELETE TITLE 2.2 NAME SMITH, REGINALD NAME 2.3 STREET ADDRESS 6600 NW 16TH STREET SUITE 12 STREET ADDRESS 2 4 CITY - S1 - ZIP Addition Change PLANTATION FL CITY-ST-ZIP 3 1 TITLE DELETE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CiTY - ST - ZIF Addition DELETE 4. 1 TITLE CITY - ST - ZIP TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZiP Addition Change CITY-ST-ZIP DELETE 5 1 THILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 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 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 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 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 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 under the corporation of the receiver or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes, I further than a course of the corporation of the receiver or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes, I further than a course of the corporation of th STREET ADDRESS

5.4 CITY - S1 - ZIP

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SIGNATURE:

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TITLE

NAME

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DELETE

Change

Addition

CR2E034 (12/95)