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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V03477

(9)

S & S SCAFFOLDING INC.

Principal Place of Business

(0

Majimo Address

**FILED** 

Jun 10 1997 8:00am

Secretary of State

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6412 E BROADWAY AVE TAMPA FL 33619 US		P O BOX 79024 TAMPA FL 33619-0024				T-2			
				3. Date Incorporated or Qualified 12/27/1991 3a. Date of Last Rep 05/01/1996			port		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		. Ap	plied For		
21		26			59-3099137	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	tificate of Status Desired  \$8.75 Addition			
22		27					Fee Required		
City & State		<u>├</u>	City & State		6. Election Campaign Financing		\$5.00 May Be Added to Fees		
23	Country	28 7in	Country		Trust Fund Contribution				
Zip	Country	Zip	Country		8. This corporation has liability for in	ntangible ta ] Yes 🏻 🔲		199.032,	
24	25 9. Name and Address of Curr	29 ant Registered Agent	[30]		Florida Statutes  10. Name and Address of New Reg				
		our Logistaran Albani	81	Name	10, Maine Bild Address of New York	JISTOTOG ALE	joni		
	DENDEZ, RENE SCOTT								
	E. JERSEY AVE.		82	82 Street Address (P.O. Box Number is Not Acceptable)					
BRAI	NDON FL 33510		83						
			84	City		FL	85 Zip 0	Ode	
d Durayant	to the previous of Costions 607.00	EDS and ED7 1500 Florida Clai	lutos the above	named cov	poration eulomite this statement for the o	urnose of o	hanging its	c registered	
office or r	registered agent, or both, in the sta	n of Florida Such change wa	s authorized by	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	t the appoi	ntment as	registered	
≠agent. I a	im familiar with, and accels the obl	tyations of Softion 507.0505,	Florida Statutet	\					
SIĞNATURE	1 luc	Sugnit and title ill all discabile (IN	$V O \mathcal{A}$	ent signalure requi	ired when reinstating)	DATE.			
12.		John and tille it an illeable (N ND DIRECTORS	13.	ant signature regue	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12	
TITLE	Р	DELETE 1.1					Change	☐ Addition	
NAME	MENENDEZ, RENE' SCOTT	_	1.2 NAME						
STREET ADDRESS	408 E JERSEY AVE		1.3 STREET	ADDRESS					
CITY-ST-ZIP	BRANDON FL		1.4 C(TY - S						
TITLE	ST DELETE		21 THLE	7 2"		[	Change	☐ Addition	
NAME	MENENDEZ, RENE S		2.2 NAME						
STREET ADDRESS	408 E JERSEY AVE		2.3 STREET	ADDRESS	•				
CITY-ST-ZIP	BRANDON FL		2. 4 CITY - ST - ZIP						
TITLE	DELETE		3.1 TITLE	Z. E			Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS	ı				
CITY-ST-ZIP			3 4. CITY-						
TITLE		DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 City - S						
TITLE		DELETE	5.1 TITLE			[	Change	Addition	
NAME			5 2 NAME			_	-		
STREET ADDRESS			5.3 STREET	ADDRESS					
			5.4 DRY - S						
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	91 - 411		Г	Change	Addition	
NAME		_ partie	6.2 NAME			_			
				ADDRESS	•				
STREET ADDRESS			63 STREET	<b>I</b>					
PITY OF THE			■ 64171V-9	a de l					

14. I do 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 co-poration 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 attachange with an address.