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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V24893

(2)

S & S TROPHY MANUFACTURING, INC.

FILED
Apr 28 1997 8:00am
Secretary of State

497 E. ATLAN STE 4	ce of Business TIC BLVD. (ACH FL 33060	Mailing Address 437 E. ATLANTIC BLVD. STE 4	437 E. ATLANTIC BLVD.							
US DE	AUN 71 33000	US	MUTUKUZ			3. Date incorporated or Qualified 03/25/1992	1	ate of Last 25/1996	Report	
	Place of Business	2s. Mailing Address	,			4. FEI Number	<u> </u>		pplied For	
Suite, Apr	t #, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			65-0325819 Not Applicable 5. Certificate of Status Desired See Required Fee Required				
City & Sta	ite	City & State			· ` 	Election Campaign Financing		\$5.00	May Be	
23	Country	Zip	Cou	intry		Trust Fund Contribution 8. This corporation has liability for	intangible		to Fees s. 199.032.	
24	25 9. Name and Address of Cur	29 29 29 29 29 29 29 29 29 29 29 29 29 2	30	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes [] No		
FO	STER, HOWARD F.			81	Name					
437 E. ATLANTIC BLVD. STE 4				82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)			
PO			83		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
				84	City		FL	85 Zip	Code	
agent. † SIGNATURE	am familiar with, and accept the ob- section, upon a point of race of registered	oligations of, Section 607.0505, F	Te Registers	tutes.		on's board of directors. I hereby accel	DATE			
12. Tille	OFFICERS :	AND DIRECTORS DELETE	13. 1.1 Ti	ITI F		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO Change		
NAME	FOSTER, HOWARD F.	Broad W. Law .	1.2 N					time or many		
STHEFT ADDRESS	437 E. ATLANTIC BLVD., ST	Έ 4	1		NODRESS					
C-TY - ST - 7IP	POMPANO BEACH FL	DELETE	1.4 C 2 1 7 I	TY-ST	-21P	***************************************		Change	Addition	
NAME	FOSTER, HOWARD F.		22 N							
STREET ADDRESS		TE 4			address					
CHY-ST ZIF	POMPANO BEACH FL	DELETE	2. 4 (3 1 Ti	CITY-S ITLE	T- ZIP			Change	Addition	
NAME		39aut - A	3.2 N					•		
STREET ADDRESS					ADDRESS					
CITV - ST-ZIP		DELETE	34. C	ITY-SI	r-ziP	, <u>, , , , , , , , , , , , , , , , , , </u>		Change	Addition	
NAME				NAME				Land Driverige		
STREET ADDRESS			435	TREET	ADDRESS					
CHY-ST-ZIP				ITY-\$7	-219	<u></u>	 -	1 7 65	F.3.00	
THLE		DELETE	5.17(Change	Addition	
NAME STREET ADDRESS			52N		ADDRESS					
CITY-ST-ZIF	<u> </u>			177-ST						
7/14		DELETE	6.1 Ti			<u></u>		Change	Addition	
NAME			6.2 N							
STREET ADDRESS	· [F		ADDRESS					
14. Leo hen	by certify that the information suor	plied with this filing does not gue		HY-ST		In Section 119.07(3)(i), Florida Statute	s. I furthe	r certify the	at the	

4. I do hereby certly that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If 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.

SIGNATURE:

WHAT IN THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. FOSTER

(1/77 254-26)

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