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Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90026 043 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96 0000 78211**
1. Corporation Name
S³, INC.

Principal Place of Business Mailing Address
**7651-A ASHLEY PK. CT.
SUITE 403
ORLANDO, FL 32835**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09-18-1996

4. FEI Number

59-3402849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 **1768 PARK CENTER DR**

26 **1768 PARK CENTER DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 330**

27 **SUITE 330**

City & State

City & State

23 **ORLANDO, FL**

28 **ORLANDO, FL**

Zip

Country

Zip

Country

24 **32835**

25 **USA**

29 **32835**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ATKINSON, STEVE
7651-A ASHLEY PK. CT. #403
ORLANDO, FL 32835**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1768 PARK CENTER DRIVE #330

83

84 City **ORLANDO**

FL

85 Zip Code

32835

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **X**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCEO** ☐ DELETE
NAME **ATKINSON, STEVE**
STREET ADDRESS **7651-A ASHLEY PARK CT. #402**
CITY-ST-ZIP **ORLANDO, FL 32835**

1.1 TITLE **PCEO** ☒ Change ☐ Addition
1.2 NAME **ATKINSON, STEVE**
1.3 STREET ADDRESS **1768 PARK CENTER DRIVE #330**
1.4 CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE **D** ☒ DELETE
NAME **MOLINO, JULIE**
STREET ADDRESS **3130 BLUE BLVD.**
CITY-ST-ZIP **HOLIDAY, FL 34691**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: **X** **Steve Atkinson** **STEVE ATKINSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 293-8870

Daytime Phone #

CR2E034 (11/98)