PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 142008

1. Corporation	Name " 142050								
SOUTH	end improvement group	, INC.							
			•				61 613 11 613 11		
Principal Place of Business Mailing Address									•
16447 SE FEDERAL HAVY 1001 N US HAVY ONE									
HOBE SOUND	FL 33455	STE 207				DO NOT WRITE IN THIS SPACE			
US		Jupiter FL 33477 US				3. Date Incorporated or Qualifed			1
						04/07/1943			
2 Principal P	ace of Business	2a. Mailing Address		<u> </u>		4. FEI Number	T A	pplied For	1
21		26				59-0579617	Ŭ N	ot Applicable	j
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	}
ž		27			_~~~		Fee:B	equired	<u> </u>
City & State		City & State			6. Election Campaign Financing	•	May Be	:	
23		28				Trust Fund Contribution		to Fees	1
Zip	Country	ZipCountry		y		8. This corporation owes the current year Intangible Personal Property Tax.		□No	Ì
24	25		30			Personal Property Tax. 10. Name and Address of New Register			ł
	9. Name and Address of Current	Registered Agent	8	1 Name		TU. Name and Address of New Yorks	on Whom		1
PULL	EN, GEORGE H		Ľ	1					1
414 SOUTH BEACH ROAD			8:	82 Street Address (P.O. Box Number is Not Acceptable)					ĺ
	E SOUND FL 33455		la	3					1
	*** ***			<u> </u>					1
\$450 for 18.43517			8	City			= L 85 Zip	Code	
44 Querrant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	s. the abo	ve-named	corpoi		of changing it	s registered	1)
office or re	egistered agent, or both, in the State of	Florida. Such change was aut	horized b	y the corp	oration	i's board of directors. I hereby accept the ap	pointment as n	agistered	'
[m familiar with, and accept the obligation	ons or, section 607.0000, Flork	ua Statute	3.					
SIGNATURE	Signature, typed or printed name of registered agent of	and trie if applicable. (NOTE: F	Registered Ag	ent eignature	beruper	when reinstating) DATE			l a
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS			(11/98)
TITLE	OELÉTÉ		1.1 TITLE				Change	Addition	
NAME	BULLEN, GEORGE H		1.2 NAME						8
STREET ADORESS	414 SOUTH BEACH ROAD		1.3 STREET ADDRESS						CR2E034
CITY-ST-ZIP	HOBE SOUND FL 33455		1.4 CITY-ST-ZIP				Change	☐ Addition	18
TITLE	V DELETE		I -	2.1 TITLE			A virgingo		Į į
NAME	WYER, JAMES I			22 NAME		D South Beach Rd.			
STREET ADDRESS	19750 BEACH RD		23 STREET ADDRESS		المراد	85 500ND 7U 334	55		'
CITY-ST-ZIP			2.4 City 3.1 TITLE		HIX	DE SUULU TU WIT	Change	Addition	1
TITLE	_		3.7 IIILE		ĺ			_	1
NAME	MATHESON, WILLIAM L 430 SOUTH BEACH ROAD			ET ADDRESS					1
STREET ADDRESS	HOBE SOUND FL		3.4. CITY			-			1
CITY-ST-ZIP	TD	DELETE	4.1 TITLE		 		Change	☐ Addition	1
NAME	CATHCART, SILAS S		4. 2 NAM			_			
STREET ADDRESS				ET ADDRESS					1
CITY-ST-ZIP	HOBE SOUND FL 33455			4.4 CITY-ST-ZP		<u> </u>] .
TITLE	S	OELETE 5					Change	☐ Addition	1
NAME			5.2 NAME	:			•		1
STREET ADDRESS	106 BEAUMONT LANE		5.3 STRE	ET ADDRESS					ĺ
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					ļ
TITLE	D	☐ DELETE	6.1 TITLE		i		Change	☐ Addition	1
NAME 35 1	FIELD, MARSHALL		6.2 NAME		l				
STREET ADDRESS			6.3 STRE	ET ADDRESS					

8.4 CITY-5T-ZP CITY-ST-ZIP CHICAGO IL 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.

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90057 027 ***150.00