

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

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90119 044 \*\*\*150.00

0621029

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **F46316**

**MARCH 1999 NAME CHANGE**

1. Corporation Name

~~CONSOLIDARE ENTERPRISES, INC.~~  
**SSLIC HOLDING COMPANY, INC**



Principal Place of Business

755 RINEHART RD  
 PO BOX 958402  
 LAKE MARY FL 32795-5402

Mailing Address

755 RINEHART RD  
 PO BOX 958402  
 LAKE MARY FL 32795-5402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/28/1981**

4. FEI Number

**63-0708035**

Applied For  
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, DAVID C.**  
 755 RINEHART RD  
 LAKE MARY 32746

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THOMPSON, DAVID C.</b>	
STREET ADDRESS	<b>755 RINEHART RD</b>	
CITY-ST-ZIP	<b>LAKE MARY FL</b>	
TITLE	<b>PST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RITCHEY, FERRIS JR.</b>	
STREET ADDRESS	<b>1910 28 AVE S</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HULET, FRANK A.</b>	
STREET ADDRESS	<b>104 KISWA PKWY</b>	
CITY-ST-ZIP	<b>HUTCHINSON KS</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BREWER, SAMUEL F.</b>	
STREET ADDRESS	<b>1133 WINWARD LANE</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNSON, C. WESLEY</b>	
STREET ADDRESS	<b>108 LAGOON FOREST DR</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL</b>	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>QUIST, GEORGE R.</b>	
1.3 STREET ADDRESS	<b>4491 WANDER LANE</b>	
1.4 CITY-ST-ZIP	<b>SALT LAKE CITY, UT 84117</b>	
2.1 TITLE	<b>VS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SARGENT, WILLIAM C.</b>	
2.3 STREET ADDRESS	<b>4974 HOLLADAY BLVD</b>	
2.4 CITY-ST-ZIP	<b>SALT LAKE CITY, UT 84117</b>	
3.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>QUIST, SCOTT M.</b>	
3.3 STREET ADDRESS	<b>7 WANDERWOOD WAY</b>	
3.4 CITY-ST-ZIP	<b>SANDY, UT 84092</b>	
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>CRITTENDEN, CHARLES L.</b>	
4.3 STREET ADDRESS	<b>2334 FILMORE AVENUE</b>	
4.4 CITY-ST-ZIP	<b>OGDEN, UT 84401</b>	
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>MOODY, HOWARD C.</b>	
5.3 STREET ADDRESS	<b>1782 E. FAUNSDALE DR.</b>	
5.4 CITY-ST-ZIP	<b>SANDY, UT 84092</b>	
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>LOWE, SHERMAN B.</b>	
6.3 STREET ADDRESS	<b>2197 S. 21ST E.</b>	
6.4 CITY-ST-ZIP	<b>SALT LAKE CITY, UT 84109</b>	

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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

Date

(407)321-7113

Daytime Phone #

CR2E034 (1/198)