

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

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Apr 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **J41236**

1. Corporation Name
SURELINE, INC.



Principal Place of Business
**98 SE 7TH STREET
 DEERFIELD BEACH FL 33441**

Mailing Address
**98 SE 7TH STREET
 DEERFIELD BEACH FL 33441**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 37 S.W. 9th St.		2a. Mailing Address 26 37 S.W. 9th St.		3. Date Incorporated or Qualified 11/06/1986	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2757507	
City & State 23 Deerfield Bch, Fla.		City & State 28 Deerfield Bch, Fla.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33441		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 USA		Country 30 USA		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RIEDEL, DOUGLAS 320 S.E. 6TH ST. POMPANO BEACH FL 33060				10. Name and Address of New Registered Agent			
81 Name Riedel Douglas				82 Street Address (P.O. Box Number is Not Acceptable) 5811 N.E. 22 AVE			
83				84 City Ft. Lauderdale			
				85 Zip Code 33308			

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] (NOTE: Registered Agent signature required when reinstating) DATE: **3-25-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEDEL, DOUGLAS	1.2 NAME	Riedel Douglas
STREET ADDRESS	320 S.E. 6TH ST.	1.3 STREET ADDRESS	5811 N.E. 22 AVE
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33308
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEDEL, RALPH M.	2.2 NAME	Riedel, Ralph M.
STREET ADDRESS	371 S.E. 10TH ST.	2.3 STREET ADDRESS	1256 S.W. 15th TERR.
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	POMPANO Bch, Fl. 33060
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Todd M. Riedel
STREET ADDRESS		3.3 STREET ADDRESS	641 N.E. 8th CT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Pompano Bch, Fl 33060
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] **Director** DATE: **3-22-99** DAYTIME PHONE #: **954-427-3019**

CR2E034 (1.1.98)