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Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90063 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 550121

1. Corporation Name

TITLE

NAME

STREET ADDRESS

SOUTHERN FOLIAGE AND LINER, INC.

SOUTHERN TOURGE AND EINERS	1140						
Principal Place of Business	Mailing Address				[#1811 #1811 #1811 FABT	
5740 S.W. 130TH AVENUE 5740 S.W. 130TH AVENUE FT LAUDERDALE FL 33330 FT LAUDERDALE FL 33330							
					DO NOT WRITE IN THIS SPAC	<u> </u>	
					3. Date Incorporated or Qualifed		
					10/26/1977		
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	Applied For	
21 26					59-1780078	Not Applicable	
Suite, Apt. #, etc. Suite, Apt.		Apt. #, etc.			5 Contifered of Status Designed	.75 Additional ee Required	
22 27 City & State City & State							
						.00 May Be	
23 28 27		Cou					
Zip Country	<u> </u>	¬			8. This corporation owes the current year Intangible		
24 25	29				Personal Property Tax. Yes No 10. Name and Address of New Registered Agent		
9. Name and Address of Curr	ent Registered Agent		81	Name	10. Haine and Address of New Registered Agent		
MEARS, ALBERT C.,JR			"	1481116			
5740 SW 130 AVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33330			83				
TT CABBLIDALE TE SOOO						·	
			84	City	FL ⁸⁵	Zip Code	
Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the oblications. SIGNATURE Standard printed name of registered as the standard printed name of registered name o	e of Florida. Such change was a gations of, Section 607.0505, Flo	uthorizeo rida Stat	utes.	ne corporatioi	oration submits this statement for the purpose of changer's board of directors. I hereby accept the appointment	as registered .	
	<u> </u>	13.	/ Agoin	algriculara raquirad	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12	
TILE P	OFFICERS AND DIRECTORS 13.		TLE				
NAME MEARS, ALBERT C. JR.		1.2 NAME				}	
		1.3 STRE		Anness			
CT LAUDEDDINE CI			ITY-ST		•	Ì	
	□ DELETE	DELETE 2.1 TIT		-21		nange Addition	
1 1 - 1	MEARS, ALBERT C. SR.				_	_ {	
i '				ADDRESS			
STREET ADDRESS 5740 S.W. 130TH AVE.			OTY-SI	, t			
	DELETE 3.1 TI			1-21		nange	
TITLE NAME	32N					_	
				ADDRESS			
STREET ADDRESS CITY-ST-ZIP	34.0						
TITLE	☐ DELETE					nange Addition	
NAME		4.21				ł	
		4		ADODESS		•	
STREET ADDRESS		4.3 S	TREET	ADDRESS]	
STREET ADDRESS				ł			
CITY-ST-ZIP	☐ DELETE		ITY-ST	ł		nange	
CITY-ST-ZIP TITLE	☐ DELETE	4.4 C	ITY-ST ITLE	ł	Па	nange Addition	
CITY-ST-ZIP	☐ DELETE	4.4 C 5 1 Ti 5.2 N	ITY-ST ITLE AME	ł	Па	nange	

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

DELETE

Change

Addition