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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

SAHLEN'S SUDDEN SERVICE, INC.

**FILED** May 01 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address			
5839 NW 66 WAY		5839 NW 66 WAY			
PARKLAND FL 83067		PARKLAND FL 33067			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					04/10/1978
2. Principal Place of Business		2s. Mailing Address	2a. Mailing Address		4. FEI Number Applied For
21		26			59-1819318   Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Security Securi
22 City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	_ Zip	Coun	try	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. X Yes No
	g, Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
	KLADKE FAITH A		[*	B1 Nam	<sup>ne</sup> Faith A. Kladke
	11068 GLENWOOD DRIVE		82 Street Add		et Address (P.O. Box Number is Not Acceptable)
(	CORAL SPRINGS FL 33065		-	13	
			6	"	5839 NW 66 Way
			8	4 City	Parkland FL 85 Zip Code 33067
44 Durayant	to the provisions of Spetions 607.0602	and 607 1608 Librida Statut	oe the she	NO DORV	ed corporation submits this statement for the purpose of changing its registered
office or a	regi <b>ster</b> ed agent, or both, in the State r	f Florida. Such change was a	authorized	by the co	corporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligat		orida Statul	168.   <b>  (                                 </b>	v a .
SIGNATURE	Signature, typed or printed name of prossiered agent		Henistered A		ature required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	STD	DELETE	1,1 7170	Ē	Change Addition
NAME	HARPSTER, JOANN M.		1.2 NAM	IE	
STREET ADDRESS	5839 NW 66 WAY		1.3 STRE	ET ADDRES	88
CITY-ST-ZIP	PARKLAND FL		1.4 CITY	- ST- ZIP	
TITLE	PD	☐ DELETE	2.1 TITL		Change Addition
NAME	HARPSTER, JACOB E. JR.		2.2 NAM	l <b>E</b>	
STREET ADDRESS	5839 NW 66 WAY		4	ET ADDRES	SS
CITY-SY-ZIP	PARKLAND FL	DELETE		Y-ST-ZIP	Change Addition
TITLE	WARDSTED MADE I		3.1 TITU		
NAME OTREET ADDRESS	HARPSTER, MARK J. 11325 NW 38TH ST.		3.2 NAM	ik Eet addres:	
STREET ADDRESS	CORAL SPRINGS FL		1	:ET ADDRES: (-ST-ZIP	50
CITY-ST-ZIP TITLE	OOME OF THIOOTE	DELETE	4.1 MTU		☐ Change ☐ Addition
NAME			4. 2 NAN		
STREET ADDRESS				ET ADORES	ss
CITY-ST-ZIP				-ST-ZIP	
TITLE		DELETE	5.1 TITLE	***************************************	Change Addition
NAME			5.2 NAM	IE.	
STREET ADDRESS			5.3 STRE	ET ADDRES	ss
CITY-ST-ZIP			5 4 CITY	-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	E	Change Addition
NAME			6.2 NAM		
STREET ADDRESS				ET ADDRES	ss
CITY-ST-ZIP	portification information according to	thin filipp doce not might . t.		· ST-ZIP	loted in Cooling 110 07/20(i) Florido Clotutes I further portifu that the information
indicated	l on this annual report or supplemental	annual report is true and acc	curate and	that my s	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under ceth; that I am an
officer or Block 12	director of the corporation or the recei or Block 13 if changed, or on an attack	ver or trustee empowered to a wrient with air/address.	execute thi	is report	as required by Chapter 607, Florida Statutes; and that my name appears in