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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 674783

SULOUFF, INC.

Principal Place of Business

T ILLED
Jan 28, 1999 8:00am
Secretary of State

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01-28-1999 90005 020 ***150.00



131 POINCIANA SUITE 192 LAKE JACKSON TX 77566 US US				•	DO NOT WRI	TE IN THIS	SPACE	
US				•	3. Date Incorporated or Qualifed 06/18/1980			
2. Principal P	lace of Business	2a. Mailing Address		<u></u>	4. FEI Number		A	oplied For
21		26			59-2002934		. No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional
22		27			G. Continues of Classes Decired	<u> </u>	Fee Re	equired
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
23 Zin	Country	28 7in	Country		***************************************			IO FEES
Zip	Country Zip 29			8. This corporation owes the current year Intangible Personal Property Tax.			₽40°	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered A	Agent	
	\$14. \$4. \$20 kg		81	Name				
CT CORPORATION SYSTEM SUB-1200'S. PINE ISLAND ROAD PLANTATION FL 33324			82 Street Addr		ress (P.O. Box Number is Not Accepta	ible)		
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104	MINION I C 30024	•	83	5				
			84	1 City	**************************************	FI	85 Zip	Code
191 promovania	to the provisions of Sections 607 0502	and 607 1509 Florida Statuta	e the abov		poration submits this statement for the	nurnose of a	hanging its	registered
office or r	to the previsions of Sections 607.0502 registered agent, or both, in the State o	f Florida. Such change was au	thorized by	the corporati	on's board of directors. I hereby accept	t the appoin	itment as re	gistered
Magent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Statutes	S.				
SIGNATURE					· · · · · · · · · · · · · · · · · · ·	DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ant signature require	ADDITIONS/CHANGES TO OF		D DIRECTO	3PS IN 12
14.	OT TOURS AND	DINECTONS	13.		ADDITIONS/CHANGES TO CI	I IOLINO AIN	DUINEON	// / / / / / / / / / / / / / / / / / /
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NAME	SULOUFF, MICHAEL D.	☐ DELETE	1.2 NAME				☐ Change	
NAME STREET ADDRESS	SULOUFF, MICHAEL D. 131 POINCIANA	☐ DELETE	1.2 NAME 1.3 STREE	ET ADORESS			☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP	SULOUFF, MICHAEL D. 131 POINCIANA LAKE JACKSON TX		1.2 NAME 1.3 STREE 1.4 CITY-S	ET ADORESS ST-ZIP				Addition
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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.