FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90188 016 ***150.00

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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F93177 1. Corporation Name

1. Corporation							•					
S.L. KRIE	eg realt	Y, INC.										
Principal Place	of Business		*	Ma	iling Address					- C MANUSCH IN OR LANGE WERE WORK HOUSE 1990 BIRTH OVER BURTH BURH BURH BURH BURH BURH BURH BURH BUR		
643 E. CAPE CORAL PKWY 643 E. CAPE CORAL PKWY.												
SUITE C CAPE CORAL FL 33904-8549 SUITE C CAPE CORAL FL 33904-8549 CAPE CORAL FL 33904-8549						19				DO NOT WRITE IN THIS SPACE		
US US					E COME TE COSCY CO	ionia i i i i i i i i i i i i i i i i i i				3. Date incorporated or Qualifed		
	•									08/03/1982		
2. Principal Pl	ace of Busin	ess		2a. Mailing Address						4. FEI Number Applied For		
21				26						59-2212635 Not Applicable	e	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certifcate of Status Desired \$8.75 Additional Fee Required		
City & State					City & State					6. Election Campaign Financing S5.00 May Be	_	
23					28					Trust Fund Contribution Added to Fees		
_	Zip Country			Zip			Country			8. This corporation owes the current year Intangible Personal Property Tax. Yes No	- }	
24	25			29		30				Personal Property Tax. Yes INO 10. Name and Address of New Registered Agent	\dashv	
	9. Name	and Address	of Current Re	egist	tered Agent		81	Na	me	To. Maine and Address of New Registeres Agent	ヿ	
KRIE	G, STEVEN	L						1			_	
505 MONTEREY AVE							82	St	reet Addre	ess (P.O. Box Number is Not Acceptable)		
CAPE CORAL FL 33904							83				\neg	
							84	Cit	h ₄	■■ 85 Zip Code	\dashv	
									-	FL		
11. Pursuant i	to the provisi	ons of Section	ns 607.0502 ar	nd 60	07.1508, Florida Statut	es, the	above	e-nai	med corpo	oration submits this statement for the purpose of changing its registered	ł	
agent. I ar	m familiar wit	h, and accept	t the obligation	s of,	Section 607.0505, Flo	rida S	tatutes	,		oration submits this statement for the purpose of changing to object on some board of directors. I hereby accept the appointment as registered		
SIGNATURE				A 1818 11	,	Dogista	und Anac	at alaa	atura required	d when reinstating) DATE	1	
12.	Signature, typed			``````````````````				ii agii	ature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\neg	
TITLE	OFFICERS AND DIRECTORS PST DELE					1.1 TITLE				Change Additi	on	
NAME	KRIEG, STEVEN L					1.2 NAME					-	
STREET ADDRESS	ALA PLANE AAAL BIJIN A				E. C 1			1.3 STREET ADDRESS			- {	
CITY-ST-ZIP	CAPE CORAL FL							T-ZIP				
TITLE	VD DE					2.1 TTLE				☐ Change ☐ Additi	on }	
NAME	KRIEG, STEVEN L					2.	2 NAME				-	
STREET ADDRESS 643 E. CAPE CORAL PKWY., S				E. C			2.3 STREET ADDRESS					
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NAME							2 NAME		DEGC		ı	
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NAME STREET ADDRESS							3 STREE	T ADD	RESS	•		
	•						4 CITY-S		- 1			
CITY-ST-ZIP TITLE					☐ DELETE	_	1 TITLE			☐ Change ☐ Addit	on	
NAME						6.	2 NAME				ĺ	
STREET ADDRESS	}					6.	3 STREE	TADD	RESS			

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

4.15.99

941.542.2626