


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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90076 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000006375					
1. Corporation Name SITAL, INC.					
Principal Place of Business 501 WEST I-44, STE. 360 OKLAHOMA CITY OK 73118			Mailing Address 501 WEST I-44, STE. 360 OKLAHOMA CITY OK 73118		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/17/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 73-1091634	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent HENDERSON, FRANKLIN, STARNES & HOLT, P.A. 1715 MONROE ST. FT. MYERS FL 33901			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 85 Zip Code		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	DV <input type="checkbox"/> DELETE				
NAME	NEELY, RALPH				
STREET ADDRESS	714 KILLDEER PL.				
CITY-ST-ZIP	NAPLES FL 34108				
TITLE	DP <input type="checkbox"/> DELETE				
NAME	BERGLUND, JANICE S				
STREET ADDRESS	WHITESIDE COVE RD.				
CITY-ST-ZIP	CASHIERS NC 28717				
TITLE	D <input type="checkbox"/> DELETE				
NAME	NEELY, VIRGINIA G				
STREET ADDRESS	714 KILLDEER PL.				
CITY-ST-ZIP	NAPLES FL 34108				
TITLE	ST <input type="checkbox"/> DELETE				
NAME	RICE, NANCY				
STREET ADDRESS	BULL PEN RD.				
CITY-ST-ZIP	CASHIERS NC 28717				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS	3331 CROSSINGS CT. #204				
1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS	3331 CROSSINGS CT. #204				
3.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134				
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-99 828/743-2467