

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

FILED Feb 23, 2000 8:00 am Secretary of State

02-23-2000 90027 048 \*\*\*150.00

DOCUMENT # G17042

1. Corporation Name SYLPAU CORPORATION

Principal Place of Business

9511 COLLINS AVE., APT. 604 SURFSIDE FL 33154

Mailing Address

9511 COLLINS AVE., APT. 604 SURFSIDE FL 33154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1130 102 Street Suite, Apt. #, etc. #3

City & State Bay Harbor, FL

Zip Country 33154 USA

2a. Mailing Address

1130 102 Street #3 Suite, Apt. #, etc. #3

City & State Bay Harbor, FL

Zip Country 33154 USA

3. Date Incorporated or Qualified

12/30/1982

4. FEI Number

59-2264177

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

LEFKOW, SYLVIA SYLPAU CORP. 9511 COLLINS AVE SURFSIDE FL 33154

10. Name and Address of New Registered Agent

81 Name Muriel Smith

82 Street Address (P.O. Box Number is Not Acceptable) 1130 102 Street #3

83 ~~Bay #~~

84 City Bay Harbor FL 85 Zip Code 33154

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 Muriel Smith

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/00

12. OFFICERS AND DIRECTORS

TITLE PD [ ] DELETE

NAME SMITH, MURIEL STREET ADDRESS 9511 COLLINS AVE., #604 CITY-ST-ZIP SURFSIDE FL

TITLE PVD [ ] DELETE

NAME LEFKOW, SYLVIA G. STREET ADDRESS 9511 COLLINS AVE. CITY-ST-ZIP MIAMI BCH. FL

TITLE [ ] DELETE

NAME [ ] DELETE

STREET ADDRESS [ ] DELETE

CITY-ST-ZIP [ ] DELETE

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CITY-ST-ZIP [ ] DELETE

TITLE [ ] DELETE

NAME [ ] DELETE

STREET ADDRESS [ ] DELETE

CITY-ST-ZIP [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [ ] Change [ ] Addition

1.2 NAME [ ] Change [ ] Addition

1.3 STREET ADDRESS [ ] Change [ ] Addition

1.4 CITY-ST-ZIP [ ] Change [ ] Addition

2.1 TITLE [ ] Change [ ] Addition

2.2 NAME [ ] Change [ ] Addition

2.3 STREET ADDRESS [ ] Change [ ] Addition

2.4 CITY-ST-ZIP [ ] Change [ ] Addition

3.1 TITLE [ ] Change [ ] Addition

3.2 NAME [ ] Change [ ] Addition

3.3 STREET ADDRESS [ ] Change [ ] Addition

3.4 CITY-ST-ZIP [ ] Change [ ] Addition

4.1 TITLE [ ] Change [ ] Addition

4.2 NAME [ ] Change [ ] Addition

4.3 STREET ADDRESS [ ] Change [ ] Addition

4.4 CITY-ST-ZIP [ ] Change [ ] Addition

5.1 TITLE [ ] Change [ ] Addition

5.2 NAME [ ] Change [ ] Addition

5.3 STREET ADDRESS [ ] Change [ ] Addition

5.4 CITY-ST-ZIP [ ] Change [ ] Addition

6.1 TITLE [ ] Change [ ] Addition

6.2 NAME [ ] Change [ ] Addition

6.3 STREET ADDRESS [ ] Change [ ] Addition

6.4 CITY-ST-ZIP [ ] Change [ ] Addition

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.

SIGNATURE: Sylvia Lefkowitz Smith - 2/9/00 305-864-4844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)