## 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 20, 1999 8:00 am Secretary of State 02-20-1999 90011 027 \*\*\*150.00

DOCI	<b>JMENT</b>	# L	1022	79
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1. Corporation Name

SAL INVI	ESTMENTS, INC.									
Principal Place	of Business	Mailing Add	ress				1 1001001 111101 11111 11111		14.3	المعاد بالادران ال
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TALLAHASSEE US	FL 32312	TALLAHASSE US	E FL 32312				3. Date Incorporated or Qualifed			*****
03		00					10/31/1985			Į
2 Principal Pl	ace of Business	2a. Mailing /	Address				4. FEI Number		Ap	olied For
·	ace of Business	26	1001000				59-2614665	-	No	Applicable
Suite, Apt.	# etc		ot. #, etc.					\$8	.75 △	dditional
22	.,,	27		5. Certifcate of Status Desired	F	ee Re	quired			
City & State	e	City & S	tate				6. Election Campaign Financing	\$	5.00	May Be
23		28		Trust Fund Contribution	A	dded t	o Fees			
Zip	Country	Zip	Zip Country			8. This corporation owes the current year				
24	25	29		30			Personal Property Tax.	<u> </u>		□No
	9. Name and Address of Curren	nt Registered Age	ent		<u></u>		10. Name and Address of New Registe			100 90
L INIO	SEEV MAN SCOTT			8		Name		:	T( }	
	SEY, WM. SCOTT PIEDMONT DRIVE EAST			8	2	Street Addres	ss (P.O. Box Number is Not Acceptable)	۷۲,:		Fig. C. Williams
				L				<u></u>	<u> </u>	المناجد
IAL	AHASSEE FL 32312			8	13					
				8	14	City		85	Zip (	Code
								FL   o	lna ita	Fooistered
office or r	agistored agent or both in the State.	of Florida, Such d	inande was al	morizea o	วงแ	named corpor ne corporation	ration submits this statement for the purpor's board of directors. I hereby accept the a	se or cnang appointmen	ing its t as re	gistered
agent. I a	m familiar with, and afcept the obliga	tions of, Section (	307.0505, Flor	ida Statute	es.		•	•		
SIGNATURE	Wm lest Le							LT2	<u> </u>	
	Signature, typed or printed name of registered ager		(NOTE:		gent s	signature required v	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		FCTO	RS IN 12
12.		ND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO CITICE!		hange	Addition
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NAME	LINDSEY, WM. SCOTT			4		ADDRESS .			í .	
STREET ADDRESS	1407 PIEDMONT DR. EAST TALLAHASSEE FL			l l		}	•		Ì	
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NAME						ADDRESS				
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STREET ADORESS				3.4, CITY						
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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.

SIGNATURE: