FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AMENDED AND FILED
95 MAY -1 PM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J59593 (0)

1. Corporation Name

S.Y.L., INC.

Principal Place of Business	Mailing Address
% NESTOR LYS 280 S. CENTER STREET PIERSON FL 32180	% NESTOR LYS 280 S. CENTER STREET PIERSON FL 32180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1987
3a. Date of Last Report: 08/12/1994
4. FEI Number: 59-2876617 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 has liability for intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LYS, NESTOR 280 S. CENTER STREET PIERSON FL 32180	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 of Registered Agent) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	LYS, NESTOR	12 NAME	
STREET ADDRESS	280 S. CENTER STREET	13 STREET ADDRESS	
CITY-ST-ZIP	PIERSON FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	LYS, ROMAN	22 NAME	
STREET ADDRESS	280 S. CENTER STREET	23 STREET ADDRESS	
CITY-ST-ZIP	PIERSON FL	24 CITY-ST-ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	LYS, SOWA	32 NAME	
STREET ADDRESS	280 S. CENTER STREET	33 STREET ADDRESS	
CITY-ST-ZIP	PIERSON FL	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	LYS, MARI	42 NAME	
STREET ADDRESS	280 S. CENTER STREET	43 STREET ADDRESS	
CITY-ST-ZIP	PIERSON FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 Date — 904-749-4141 Daytime Phone #

0404652 FP