

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

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90004 026 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J78314

1. Corporation Name

~~SHOWCASE PROPERTIES & INVESTMENTS, INC.~~

SYLVAIN ENTERPRISES, INC.

Principal Place of Business

% STANLEY A. SYLVAIN  
905 N COURTENAY PARKWAY  
MERRITT ISLAND FL 32953

Mailing Address

% STANLEY A. SYLVAIN  
905 N COURTENAY PARKWAY  
MERRITT ISLAND FL 32953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1987

4. FEI Number

59-2830833

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 190 ESCAMBIA LANE

26 190 ESCAMBIA LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 504

27 # 504

City & State

City & State

23 COCOA BEACH FL

28 COCOA BEACH FL

Zip

Country

Zip

Country

24 32931

25 USA

29 32931

30 USA

9. Name and Address of Current Registered Agent

SYLVAIN, STANLEY A.  
905 N COURTENAY PARKWAY  
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name SYLVAIN, STANLEY A

82 Street Address (P.O. Box Number is Not Acceptable)

190 ESCAMBIA LANE

83 # 504

84 City COCOA BEACH

FL

85 Zip Code

32931

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

*Stanley A. Sylvain*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-99

12. OFFICERS AND DIRECTORS

TITLE PVT  
NAME SYLVAIN, STANLEY A.  
STREET ADDRESS 905 N COURTENAY PARKWAY  
CITY-STATE-ZIP MERRITT ISLAND FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVT  
1.2 NAME SYLVAIN, STANLEY A  
1.3 STREET ADDRESS 190 ESCAMBIA LANE #504  
1.4 CITY-STATE-ZIP COCOA BEACH, FL 32931

☒ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-99 407-868-2400

CR2E034 (11/98)