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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K69763

1. Corporation Name SU-LU, INC.

Principal Place of Business

%-SUSIE BATES JACOBS 6100 S HWY 17-92 FERN PARK FL 32730

Mailing Address

% SUSIE BATES JACOBS 6100 S HWY 17-92

FERN PARK FL 32730

2a. Mailing Address

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90016 011 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

03/01/1989

4. FEI Number

		2a. Mailing Address				4. FEI (401/10C)		Not A	pplicable
Principal Place	e of Business	26				59-2942136		\$8.75 Add	
i <u> </u>		Suite, Apt. #, etc.				5. Certifcate of Status Desired	. 🗆	Fee Requi	
Suite, Apt. #,	etc.	27						_ 	
\		City & State				6. Election Campaign Financi	^{ng} □	\$5.00 Ma Added to F	
City & State		├ ─┐ '				Trust Fund Contribution			663
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Zip	Country	Zip				Personal Property Tax.		LJ Yes L	No
l	25		30	τ		10. Name and Address of No	w Registered	Agent	
L	9. Name and Address of Curre	nt Registered Agent		81 N	lame				
				82 Street Address (P.O. Box Number is Not Acceptable)					
JACOBS, SUSIE BATES				82 5	Street Addre	ss (P.O. Box Number is Not Acc	eptable)	· * # 15 で かい ご # 3 か 生	. 4144, 1465
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1. Pursuant to	o the provisions of Sections 607.05	502 and 607.1508, Florida	was authorize	d by th	e corporation	n's board of directors. I hereby a	accept the appoin		
office or re	o the provisions of Sections 607.05 gistered agent, or both, in the Stat of familiar with, and accept the oblig	ations of Section 607.050)5, Florida Sta	itutes.			•		
modent. i an	Tarinia Was are						DATE		
SIGNATURE -	Signature, typed or printed name of registered a	gent and title if applicable.			ignature required	when reinstating) + ADDITIONS/CHANGES T	OFFICERS A	ND DIRECTOR	RS IN 12
	OFFICERS A	AND DIRECTORS	13.			7.0 (1.7)		☐ Change	☐ Addition
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I nereby 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.