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

DOCUMENT # M81947

SOUTHERN VIKING, INC.

Principal Place of Business Mailing Address					-	IDII KUUI TIUI) BII	831 Q(3)3 3303) Q(1 11 1 1811 1 18 1
1020 GOODLETTE RD		1020 GOODLETTE RD						
STE. 200		STE. 200	STE. 200		DO NOT WRITE IN THIS SPACE			
NAPLES FL 34102 NAPLES FL 34102					Do NOT WR D		J. ACL	
US		U\$			05/19/1988	1		,
2 Dringing D	one of Rusiness	2a. Mailing Address			4. FEI Number		Apr	olied For
2. Principal Place of Business		26		65-0558651			Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 A	dditional	
22		27		5. Certifcate of Status Desired		Fee Rec	puired	
City & State		City & State .		6. Election Campaign Financing	г.	•	May Be -	
23		28		Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Country	<i>'</i>	8. This corporation owes the cu	rent year Inta	angible □Yes 1	₽No
24	25	29 30)		Personal Property Tax. 10. Name and Address of New	Pagistared (- NO
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New	registered /	чуст	
OLSON, CLIFFORD A.			L.					
1020 GOODLETTE RD			82	Street Add	ress (P.O. Box Number is Not Accep	iable)		
SUITE 200			83	ļ				
NAPLES FL 34102			L				T	
·			84	City		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abov	e-named corp	poration submits this statement for the	purpose of	changing its	registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	norizea dy	the corporati	on's board of directors. I hereby acci	pt the appoir	nment as reg	Jistered
SIGNATURE	Signature, typed or printed name of registered agent	NOTE: Pe	orietened Ann	nt cionatira require	ed when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTO	RS IN 12
TITLE	DP ·	☐ DELETE	1.1 TITLE				Change	Addition
NAME			1.2 NAME					
STREET ADDRESS	4000 COOR ETTE DO CHITE OOG		1.3 STREE	TADDRESS				
CITY+ST-ZIP	NAPLES FL		1.4 CITY-5	ST-ZIP				
TITLÉ		☐ DELETE	2.1 TITLE	1			Change	☐ Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	TADDRESS				j
CITY-ST-ZIP		——————————————————————————————————————	2. 4 CITY-	ST-ZIP			Change	Addition
TITLE	-	□ DELETE.	3.1 TITLE		·		□1 cuanã	
NAME			3.2 NAME					
STREET ADDRESS			l	TADDRESS				l
CITY-ST-ZIP		□ DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP			[] Change	Addition
TITLE	•		4, 2 NAME	,			_ ,	_
NAME CTOCCT ADDOCCO	·		1	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETE	5.1 TITLE	v. <u>2</u> .			☐ Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				i
CITY-ST-ZIP	·		5.4 CITY-					
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90091 018 ***150.00