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Mar 02, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000043690

1. Corporation Name
S I I K, INC.



Principal Place of Business
**35000 EMERALD COAST PKWY
DESTIN FL 32541
US**

Mailing Address
**P.O. BOX 30
DESTIN FL 32540
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/10/1994	
21		26		4. FEI Number 59-3256221	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMES S. OLIN
35000 EMERALD COAST PKWY
DESTIN FL 32541**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Chief Executive Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM W. ABBOTT, JR.	1.2 NAME	David L. Levine
STREET ADDRESS	35000 EMERALD COAST PKWY	1.3 STREET ADDRESS	35000 Emerald Coast Parkway
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	Destin, FL 32541
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGUS G. ANDREWS, JR.	2.2 NAME	James S. Olin
STREET ADDRESS	35000 EMERALD COAST PKWY	2.3 STREET ADDRESS	35000 Emerald Coast Parkway
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP	Destin, FL 32541
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Sr. Vice Pres. & CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN J. ABBOTT	3.2 NAME	Jeffery M. Jarvis
STREET ADDRESS	35000 EMERALD COAST PKWY	3.3 STREET ADDRESS	35000 Emerald Coast Parkway
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	Destin, FL 32541
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Sr. Vice Pres. & Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINER, JAMES R. JR.	4.2 NAME	John K. Lines
STREET ADDRESS	35000 EMERALD COAST PARKWAY	4.3 STREET ADDRESS	35000 Emerald Coast Parkway
CITY-ST-ZIP	DESTIN FL	4.4 CITY-ST-ZIP	Destin, FL 32541
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Vice Pres. & Controller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DIVER, SUE C.	5.2 NAME	Mark C. Aldy
STREET ADDRESS	35000 EMERALD COAST PARKWAY	5.3 STREET ADDRESS	35000 Emerald Coast Parkway
CITY-ST-ZIP	DESTIN FL	5.4 CITY-ST-ZIP	Destin, FL 32541
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Vice Pres. & Asst. Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Kelley Buechler
STREET ADDRESS		6.3 STREET ADDRESS	35000 Emerald Coast Parkway
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Destin, FL 32541

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)