

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

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06/17/99

99 JUN -9 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P94000080628

1. Corporation Name
SAHLIN ENTERPRISES, INC.

Principal Place of Business
**1988 SWIFT ROAD
OVIEDO FL 32766**

Mailing Address
**1988 SWIFT ROAD
OVIEDO FL 32766**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3280984	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SAHLIN, ROBERT C 1988 SWIFT ROAD OVIEDO FL 32766				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAHLIN, ROBERT C	1.2 NAME	
STREET ADDRESS	1988 SWIFT ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32766	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAHLIN, KIMBERLY W	2.2 NAME	
STREET ADDRESS	1988 SWIFT ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32766	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **Robert C. Sahlin** **ROBERT C SAHLIN, PRES.** **4/28/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (11/98)

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Sahlin Enterprises, Inc.
1988 Swift Road
Oviedo, FL 32766

June 8, 1999

Florida Dept. of State
Annual Reports Filings
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Sir or Ma'am;

I am writing regarding the annual report filing for my corporation, Sahlin Enterprises, Inc., FEI # 59-3280984. I mailed in the report back in late April, but it was returned to me a couple of weeks later. I was not aware of it being returned until just today, when I reviewed my bills. I can only speculate as to the reason for its return; perhaps it was the additional postage blocking the bar code. This afternoon I called the corporation helpline and was advised to write an explanation for the lateness of the filing and send it to this address with the report and a check for the original \$150. I hope this explanation is sufficient and you will accept this check as payment in full for this year's filing. Thank you in advance for your assistance and attention to this matter.

Sincerely,



Robert C. Sahlin
President