

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000084775 (3)**

1. Corporation Name
SDL INC.



Principal Place of Business 140 GREGORY ROAD WEST PALM BEACH FL 33405	Mailing Address 140 GREGORY ROAD WEST PALM BEACH FL 33405
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8104 C Oakton Ct. Suite, Apt. #, etc. 22 Lake Clarke Shores, FL City & State 23 FL Zip 24 33406		2a. Mailing Address 26 8104 C Oakton Ct. Suite, Apt. #, etc. 27 Lake Clarke Shores City & State 28 FL Zip 29 33406		3. Date Incorporated or Qualified 11/01/1994	
25 Palm Beach		30 Palm Beach		4. FEI Number 65-0545123	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LUTZ, SUSAN
140 GREGORY ROAD
WEST PALM BEACH FL 33405**

10. Name and Address of New Registered Agent

81 Name	Lutz, Susan
82 Street Address (P.O. Box Number is Not Acceptable)	8104 C Oakton Ct.
83	Lake Clarke Shores,
84 City	FL
85 Zip Code	33406

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.

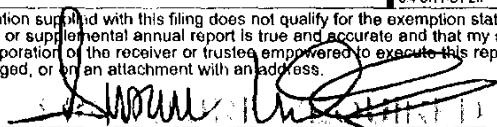
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	LUTZ, SUSAN	1.2 NAME	Lutz, Susan
STREET ADDRESS	8104 C OAKFOX CT	1.3 STREET ADDRESS	8104 C Oakton Ct.
CITY-ST-ZIP	LAKE CLARA SHORES FL	1.4 CITY-ST-ZIP	Lake Clarke Shores, FL.
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 of 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.

SIGNATURE:



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-07/24/98--01097--016
*****150.00**

July 22/1998 (641) 943-10979

CR2E034 (5/98)

SUSAN LUTZ, M.S.W.

7/10/98

Dear Sir,

②

I am writing you this letter to explain that I did not receive a first notice for my 1998 profit corp. Annual report. I have recently been divorced and my mail has been going to my old address.

Please find enclosed my check for \$150.00

Thank you for
your understanding
Susan Lutz