

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

FILED
Apr 03 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 # P96000013678 (3)

1. Corporation Name

SRL ASSOCIATES, INC.



Principal Place of Business 1414 EVERGLADES BOULEVARD SOUTH NAPLES FL 33984 34117	Mailing Address 1414 EVERGLADES BOULEVARD SOUTH NAPLES FL 33984 34117
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 34117 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 34117 Country		3. Date Incorporated or Qualified 02/13/1996	
24		29		4. FEI Number 65-0643187	
25		30		Applied For Not Applicable	
24		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30			

9. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name SARA LEON 82 Street Address (P.O. Box Number is Not Acceptable) 1414 Everglades Blvd S. 83 84 City Naples FL 85 Zip Code 34117	
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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 *Sara Leon* X 3/30/98 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, SARA	1.2 NAME	
STREET ADDRESS	1414 EVERGLADES BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH NAPLES FL, 34117	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, RUBEN	2.2 NAME	
STREET ADDRESS	1414 EVERGLADES BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH NAPLES FL, 34117	2.4 CITY-ST-ZIP	
TITLE		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		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		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		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.

SIGNATURE: *Sara Leon* X 3/30/98

CR2E034 (10/97)