PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000013678

SRL ASSOCIATES, INC.

| Principal Place of Business | Mailing Address |
|-----------------------------|----------------------------|
| 1414 EVERGLADE4S BOULEVARD | 1414 EVERGLADE4S BOULEVARD |
| SOUTH NAPLES FL 34117 | SOUTH NAPLES FL 34117 |
| US | US |

FILED Mar 16, 1999 8:00 am **Secretary of State**

03-16-1999 90123 042 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 02/13/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0643187 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees 28 Country Zip Country This corporation owes the current year Intangible Yes □No Personal Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEON, SARA Street Address (P.O. Box Number is Not Acceptable) 82 1414 EVERGLADES BLVD. S. NAPLES FL 34117 83 Zip Code 84 85 City 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 INOTE Registered Agent signature required when reinstatings Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1 TITLE TITLE PTD LEON, SARA 12 NAME NAME 1414 EVERGLADE4S BOULEVARD : 3 STREET ADDRESS STREET ADDRESS **SOUTH NAPLES FL 34117** : 4 CITY ST ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE ٧S 2.2 NAME LEON, RUBEN NAME 1414 EVERGLADE4S BOULEVARD 2 3 STREET ADDRESS STREET ADDRESS SOUTH NAPLES FL 34117 2 ± 0175 ST ZIP Addition i Change ☐ DELETE 3 1 117LS TITLE 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE TITLE A : TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIE CITY-ST-ZIP Change Addition □ DELETE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-2IF Addition Change 61 TITLE DELETE TITLE 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.

63 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)