

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

058128

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

03-16-1999 90123 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000013678			
1. Corporation Name SRL ASSOCIATES, INC.			
Principal Place of Business 1414 EVERGLADES BOULEVARD SOUTH NAPLES FL 34117 US		Mailing Address 1414 EVERGLADES BOULEVARD SOUTH NAPLES FL 34117 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0643187	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	
24 Zip		30 Country	
9. Name and Address of Current Registered Agent LEON, SARA 1414 EVERGLADES BLVD. S. NAPLES FL 34117		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	
NAME	LEON, SARA	12 NAME	
STREET ADDRESS	1414 EVERGLADES BOULEVARD	13 STREET ADDRESS	
CITY-ST-ZIP	SOUTH NAPLES FL 34117	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	
NAME	LEON, RUBEN	22 NAME	
STREET ADDRESS	1414 EVERGLADES BOULEVARD	23 STREET ADDRESS	
CITY-ST-ZIP	SOUTH NAPLES FL 34117	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99 944 352 6475

Date

Daytime Phone #

CR2E034 (1/98)