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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Mar 20 1998 8:00am Secretary of State

1. Corporati	ion Name		•	,	•	·			
	SLV, INC.								
U-	TUT IT.					·			
Principal Place of Business Mailing Address									
		-	933						
6169	JOG ROAD BAY	16 -10							
CAKE WORM, PC 33467						DO NOT WRITE IN TH	IIS SPACE		_
GIVE						3. Date incorporated/or Qualified			
	Place of Business	2a. Mailing Ad	ddress			4. FEI Number		pplied For]
21	t #	26 Suite, Apt	# 610			65-0103173		ot Applicable	4
Suite, Api		27				5. Certificate of Status Desired	Fee F	Additional aquired	_
City & State City			y & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country Zip				Country		8. This corporation owes or has paid the current year intangible			1
24				30		Personal Property Tax due June 30. 🗷 Yes 🗆 No			1
	9. Name and Address of Curre		18	81	Name	10. Name and Address of New Register	ed Agent	·	4
MEYE	SR-ARROYO, OSCA	T/C		Ľ	110/100				J
6169 JOG ROAD BAY A-10				82	Street Ad	dress (P.O. Box Number is Not Acceptable)			7
1 6169 OOU NOTICE MILITIES				83	 				┥
1 (4K	E WORM, PC 3	7417]
9 //	- WO191117 - 3	2 60 7		84	City	F	L 65 Zip	Code	l
11. Pursuani	t to the provisions of Sections 607.05	02 and 607.1508, Fig	orida Statutes	the above	e-named co	rporation submits this statement for the purpose	of changing i	ts registered	1
agent. I	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida, Such ch pations of, Section 60	ange was au 07.0505, Flori	inorized by da Statutes	i the carpori s.	ation's board of directors. I hereby accept the a	ppointment as	registered	
SIGNATURE		-							İ
	Signature, typed or printed name of registered as		(NOTE. I		eut signature regi	uired when reinstating) DATE		20 111 40	4 1
12.	10-	ND DIRECTORS	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	4 {
NAME	MEYER-ARROYD, OS 6169 JOG ROAD	SCAIC -	PECETE	1.2 NAME			PT. Grande		
STREET ADDRESS	6169 JOG ROAD 1	BAY A-10		1.3 STREET	ADDRESS				18
CITY-ST-ZIP	LAKE WORTH, FI	33467		1.4 CITY-S					}
TITLE	0		DELETE	2.1 TITLE	-		Change	☐ Addition	18
NAME	SPRVNGER, LUCY I	3		2.2 NAME					İ
STREET ADDRESS		3,44 it-10		2.3 STREET	ADDRESS	•			1
CITY-ST-ZIP	LAKE WORM, A	33417		2. 4 CITY - 5	ST-ZIP	<u> </u>]
TITLE		′ 🗅	DELETE	3.1 TITLE	1		☐ Change	Addition	
NAME				3.2 NAME	1				
STREET ADDRESS				33 STREET	1 .				1
CITY-ST-ZIP	 		DELETE	3 4. CITY - S	ST-ZIP		Change	Addition	-
TITLE]	u	DELETE	4.1 TITLE 4.2 NAME			□ change	- Addition	
NAME CZOCET ADDRESS	ļ			4.3 STREET	1000000				
STREET ADDRESS CITY-ST-ZIP				4.4 CITY-S	i i				ı
TITLE	 		DELETE	5.1 TITLE	1.514		☐ Change	☐ Addition	1
NAME	} ·	_		5.2 NAME	}	•	~ ° C		1
STREET ADDRESS	!			53 STREET	ADDRESS		173	99	
CITY-ST-ZIP]		-	5.4 CITY-S		•	ろ`	لال	
TITLE			DELETE	61 TITLE			☐ Change	Addition	1
NAME	(6 2 NAME	ļ	000002464	380		
STREET ADDRESS				63 STREET	ADDRESS	035 525 2001055	-033		1
CITY-ST-ZIP	1			64 CITY-ST	T-7IP	***150.00			1

14. Thereby 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 of 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, \$\frac{1}{2}\$ or on an attachment with an address.

SIGNATURE: