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Apr 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

DOCUMENT # P97000005888 (7)

1. Corporation Name

SIUSA, INC.

Principal Place of Business

4211 N ORANGE BLOSSOM TRAIL
UNIT 788
ORLANDO FL 32804

Mailing Address

4211 N ORANGE BLOSSOM TRAIL
UNIT 788
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1997

4. FEI Number

59-3417617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

9. Name and Address of Current Registered Agent

CONCEICAO, REGIS S
4653 CASON COVE DR
APT 2722
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name

Conceicao, Regis S.

82 Street Address

687 Arrow Lane

83

84 City

Kissimmee

FL

85 Zip

34746

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

TITLE ☐ DELETE

NAME DP
STREET ADDRESS CONCEICAO, REGIS S
CITY-ST-ZIP 4653 CASON COVE DR APT 2722
ORLANDO FL 32811

TITLE ☐ DELETE

NAME DS
STREET ADDRESS CONCEICAO, RGIS S
CITY-ST-ZIP 4653 CASON COVE DR APT 2722
ORLANDO FL 32811

TITLE ☐ DELETE

NAME DT
STREET ADDRESS CONCEICAO, REGIS S
CITY-ST-ZIP 4653 CASON COVE DR APT 2722
ORLANDO FL 32811

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DP

1.3 STREET ADDRESS Conceicao, Regis S.

1.4 CITY-ST-ZIP 687 Arrow Lane

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DS

2.3 STREET ADDRESS Conceicao, RGIS S.

2.4 CITY-ST-ZIP 687 Arrow Lane

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME DT

3.3 STREET ADDRESS Conceicao, REGIS S.

3.4 CITY-ST-ZIP 687 Arrow Lane

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

1/19/98 147 399 8130

CR2E034 (10/97)