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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700008565

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S & L PANKEN, INC.

						IRABI SAH	B BILLI BIII IBDI
Principal Plac	e of Business	Mailing Address					
7530 103RD ST #1 7530 103RD ST #1 JACKSONVILLE FL 32210 JACKSONVILLE FL 32210							
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					01/20/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Α	pplied For
21		26			59-3432576		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	5. Certifcate of Status Desired		Additional Required
City & Stat	te	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country 25	Zip 30	Count	у	This corporation owes the current year Intang Personal Property Tax.	ible Yes	□No
	9. Name and Address of Curre		7		10. Name and Address of New Registered Ag	ent	
			8	1 Name		-	
PANKEN, SCOTT				2 Street	Address (P.O. Box Number is Not Acceptable)		
7530 103RD ST #1				Z Sueet/	Addiese it . O. Box Humber is Hot Addeptation		
JACI	ksonville fl 32210		8	3			
			8	4 City		35 Zip	Code
					corporation submits this statement for the purpose of che		
agent. I a	am familiar with, and accept the obligation of t	ent and title if applicable. (NOTE: Ro	gistered Ag		equired when reinstating) DATE	NECT	ODE IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I	Change	
TITLE	P AAANING AMBA D	☐ DELETE	1.1 TITLE		1 Schall		
NAME	MANUS, LINDA D.		1.2 NAME		Panken, Linda D		
STREET ADDRESS	7530 103RD ST STE 1			ET ADDRESS	7530 1036 St Stel		
CITY-ST-ZIP	JACKSONVILLE FL 32210	☐ DELETE	1.4 CITY 2.1 TITLE		Jacksonkille 1-6 20010	Change	Addition
TITLE	PANKER, SCOTT L.	[] 0022.2	2.2 NAME		1		_
NAME	TEGO 40000 OT OTE 4			ET ADDRESS	Panken, Scott L.		
STREET ADDRESS	JACKSONVILLE FL 32210		2.4 CITY		7530 10312 St. Stall		
CITY-ST-ZIP TITLE	UNUNOUTVILLE I E 322 IV	☐ DELETE	3.1 TITLE		Tackson ville FL 32210	Change	Addition
NAME]	•	3.2 NAMI				
STREET ADORESS			l	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY				
TITLE		☐ DELETE	4.1 TITLE		E] Change	☐ Addition
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	_		4.4 CITY	-ST-ZIP			
TITLE		DELETE	5.1 TITLE] Change	e 🔲 Addition
NAME			5.2 NAM				
STREET ADDRESS	3		5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY 6.1 TITLS			Change	e
		□ DELETE			,		

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. SIGNATURE:

☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90220 045 ***150.00