


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

APPROVED
AND
FILED

99 MAY 20 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000014357					
1. Corporation Name 549 SLOOP LANE DEVELOPMENT INC.					
Principal Place of Business 6969 SOUTH TAMiami TRAIL SARASOTA FL 34231			Mailing Address 6969 SOUTH TAMiami TRAIL SARASOTA FL 34231		
2. Principal Place of Business		2a. Mailing Address			
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			
22 City & State		27 City & State			
23 Zip		28 Zip			
24 Country		29 Country			
9. Name and Address of Current Registered Agent					
BRIVIK, MARK 6969 SOUTH TAMiami TRAIL SARASOTA FL 34231					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE <input type="checkbox"/> DELETE			11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME P BRIVIK, MARK			12 NAME BRIVIK, MARK		
STREET ADDRESS 6969 S TAMiami TRAIL			13 STREET ADDRESS 6969 S TAMiami TRAIL		
CITY-ST-ZIP SARASOTA FL 34231			14 CITY-ST-ZIP SARASOTA FL 34231		
12 TITLE <input type="checkbox"/> DELETE			21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
13 TITLE <input type="checkbox"/> DELETE			31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
14 TITLE <input type="checkbox"/> DELETE			41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
15 TITLE <input type="checkbox"/> DELETE			51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
16 TITLE <input type="checkbox"/> DELETE			61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/13/1997

4. FEI Number
65-0850415

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/20/99 Daytime Phone #

0471637

CR2E034 (11/98)