

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

FILED
Apr 03 1998 8:00am
Secretary of State

DOCUMENT # P97000020539 (7)

1. Corporation Name

S.L.F. DESIGNS INC.



Principal Place of Business

14255 US HWY 1
SUITE 200 LOGGERHEAD PLAZA
JUNO BEACH FL 33408

Mailing Address

14255 US HWY 1
SUITE 200 LOGGERHEAD PLAZA
JUNO BEACH FL 33408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 S L.F. DESIGNS INC.
S 818 U.S. Hwy. 1 Suite 7
22 North Palm Beach FL 33408
C

2a. Mailing Address

26 S.L.F. DESIGNS INC.
27 818 U.S. Hwy. 1 Suite 7
28 North Palm Beach FL 33408

3. Date Incorporated or Qualified

02/28/1997

4. FEI Number

65-0737618

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

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

FISHER, SARA L
14255 US HWY 1
SUITE 200
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name

SARA L. FISHER

82 Street Address (P.O. Box Number is Not Acceptable)

83

S.L.F. DESIGNS INC.
818 U.S. Hwy. 1 Suite 7
North Palm Beach FL 33408

84 City

FL

85 Zip Code

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PRESIDENT
SARA L. FISHER
6311 BARBARA ST
PBG FL 33418

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 this filing.

SIGNATURE:

CR2E034 (10/97)