ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9700040470

FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90030 005 ***550.00

SAAILTE 1	LAND SURVEYING, INC					
ncipal Place	of Business	Mailing Address			} s inditings inn totin radis north antil di	Gils Boist Oloic Boist Olois Ibost Obst 10
SECOND AVE 300 SECOND AVE					DO NOT WRITE	IN THIS SPACE
					3. Date Incorporated or Qualified	
					05/02/1997	
Dánaisal D	and of Duninger	2a Mailing Address			4. FEI Number	Applied For
Principal Place of Business Suite, Apt. #, etc. City & State		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State			Not Applica	
				59-3445652		
				5. Certificate of Status Desired \$8.75 Additiona Fee Required		
				6. Election Campaign Financing \$5.00 May Be		
		28			Trust Fund Contribution	Added to Fees
Zip	Country.	Zip	Cou	untry	8. This corporation owes the current	t year
	25	29	30		Intangible Personal Property.	Yes No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Reg	istered Agent
				81 Name		
SWIL	LEY, JAMES T JR.		'		tress (P.O. Boy Number is Not Acceptable)	
300 \$	SECOND AVE			82 Street Add	Street Address (P.O. Box Number is Not Acceptable)	
INDIA	LANTIC FL 32937			83		
				84 City		FL 85 Zip Code
Discontinue	to the provisions of sections 607.0	0502 and 607.1508. Florida Statut	es, the ab	ove-named corpo	oration submits this statement for the purpo	ose of changing its registered
office or agent. I a	registered agent, or both, in the Si im familiar with, and accept the ob	tate of Florida. Such change was	authorize	d by the corporat tutes.	ion's board of directors. I hereby accept the	ne appointment as registered
office or agent. I a	ım familiar with, and accept the ob	tate of Florida. Such change was bligations of, section 607.0505, F	authorize Iorida Sta	tutes.	ion's board of directors. I hereby accept the	DATE DATE
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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 open attachment with an address

GNATURE:

6-28-99 Date Daytime Phone #