Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90039 022 ***150.00

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 # **P97000042495** 1. Corporation Name

S&LM	ETHU-DANIELS, ING.							
Principal Place of Business Mailing Address								
5621 SOLERA COURT SW 5621 SOLERA COURT SW FORT MYERS FL 33919 FORT MYERS FL 33919								
FORT MYERS FL 33919 FORT MYERS FL 33919						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
ĺ						05/15/1997		1
Principal Place of Business 2a. Mailing Address						4. FEI Number	Apı	plied For
21					_	65-0752688	Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 A	_
27						J. Certificate of Citation Desired	Fee Red	quired
City & State	City & State City & State					6. Election Campaign Financing \$5.00 May Be		
23	28					Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	_ Cour	ntry		8. This corporation owes the current year In		
24	25	29 30	0			Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent		81 1	Name	10. Name and Address of New Registered	Agent	
WEIS	SINGER, SHERYL A			ין יי	varne			
5621 SOLERA COURT SW				82 5	Street Ad	dress (P.O. Box Number is Not Acceptable)		
FORT MYERS FL 33919								_
FUR	I MIERO FE 33919			83				
			}	84 (City		85 Zip C	Code
					•	<u></u>	- '	
office or n	to the provisions of Sections 607.050; egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was auth	horized	by the	amed co e corpora	rporation submits this statement for the purpose o tion's board of directors. I hereby accept the appo	f changing its intment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: Ro	egistered .	Agent sig	gnature requ	ired when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE		1.1 TITLE			Change	☐ Addition
NAME	LIPMAN, LARRY		1.2 NAME					
STREET ADDRESS	13101 PONDEROSA WAY		1.3 STREET ADDRESS		DRESS			
CITY-ST-ZIP	FORT MYERS FL 33912		1.4 CITY-ST-ZIP		IP .			
TITLE	D DELETE		2.1 TITLE				Change	☐ Addition
NAME	WEISINGER, SHERYL A	SINGER, SHERYL A		2.2 NAME				
STREET ADDRESS	5621 SOLERA COURT SW			2.3 STREET ADDRESS			-	
CITY-ST-ZIP	FORT MYERS FL 33919		2. 4 Cf	2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TIT	3.1 TITLE			Change	☐ Addition
NAME ,			32 NA	ME				
STREET ADDRESS			3.3 ST	REETAD	DRESS			
CITY-ST-ZIP			3.4. CIT		ZIP			
TITLE			-	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NA	AME	1			
STREET ADDRESS			4	REET AD	ODRESS			
			1	TY-ST-ZI				
CITY-ST-ZIP		□ net ete	4.4 CII		-		☐ Change	Addition

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, of on an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CiTY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

· Change

Addition