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FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90095 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000062599

1. Corporation Name

S. PALEY, INC.



Principal Place of Business
6000 MEDICI COURT, #206
SARASOTA FL 34243

Mailing Address
6000 MEDICI COURT, #206
SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1997

4. FEI Number

59-3458516

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 2631 PURITAN TERRACE

Suite, Apt. #, etc.

22 City & State

23 SARASOTA, FL

24 Zip 34239

25 Country SARASOTA

2a. Mailing Address

26 2631 PURITAN TERRACE

Suite, Apt. #, etc.

27 City & State

28 SARASOTA, FL

29 Zip 34239

30 Country SARASOTA

9. Name and Address of Current Registered Agent

TEPPER, ARTHUR L ESQ.
1680 FRUITVILLE ROAD
SUITE 102
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

STEVEN E. PALEY

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

2631 PURITAN TERRACE

83

84 City

SARASOTA

FL

85 Zip Code

34239

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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

STEVEN E. PALEY, PRES

1/16/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME PALEY, STEVEN E
STREET ADDRESS 6000 MEDICI COURT, #206
CITY-ST-ZIP SARASOTA FL 34243

TITLE T ☐ DELETE

NAME PALEY, STEVEN E
STREET ADDRESS 6000 MEDICI COURT, #206
CITY-ST-ZIP SARASOTA FL 34243

TITLE S ☒ DELETE

NAME ARTHUR L TEPPER
STREET ADDRESS 1680 FRUITVILLE RD., STE 102
CITY-ST-ZIP SARASOTA FL 34236

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

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN E. PALEY, PRES

Date

1/16/99

Daytime Phone #

941 330 0027

CR2E034 (11/98)