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FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000068792 (5)

1. Corporation Name

SYAR LIVED, INC.



Principal Place of Business

Mailing Address

4800 WEST CYPRESS STREET
SUITE 500
TAMPA FL 33607

4800 WEST CYPRESS STREET
SUITE 500
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1997

4. FEI Number

59-3482545

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

2. Principal Place of Business
21 c/o Borrell, Inc.
3511 N. Nebraska Avenue

2a. Mailing Address
26 c/o Borrell, Inc.
3511 N. Nebraska Avenue

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23 Tampa, FL

City & State

28 Tampa, FL

Zip

24 33603

Country

25 Hillsborough

Zip

29 33603

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

LOPEZ, AL R JR
4800 WEST CYPRESS STREET
SUITE 500
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

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

83

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME LOPEZ, AL R JR
STREET ADDRESS 4800 WEST CYPRESS STREET STE 500
CITY-ST-ZIP TAMPA FL 33607

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 P/Asst Sec/D ☐ Change ☒ Addition
1.2 NAME C. Samuel Ellison
1.3 STREET ADDRESS 6101 Schooner Way
1.4 CITY-ST-ZIP Tampa, FL 33619

2.1 TITLE VP/Asst Sec/D ☐ Change ☒ Addition
2.2 NAME Anthony J. Borrell, Jr.
2.3 STREET ADDRESS 4967 Bayshore Boulevard
2.4 CITY-ST-ZIP Tampa, FL 33603

3.1 TITLE Sec/Treas ☐ Change ☒ Addition
3.2 NAME Carlos Menendez
3.3 STREET ADDRESS 4838 San Pablo Place
3.4 CITY-ST-ZIP Tampa, FL 33634

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 as an attachment with an address.

CP2E034 (10/97)