

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90003 011 ***150.00

DOCUMENT # P97000068792

1. Corporation Name
SYAR LIVED, INC.

Principal Place of Business
C/O BORRELL, INC.
3511 N NEBRASKA AVE
TAMPA FL 33603
US

Mailing Address
C/O BORRELL, INC.
3511 N NEBRASKA AVE
TAMPA FL 33603
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/07/1997

4. FEI Number
59-3482545

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

LOPEZ, AL R JR
4600 WEST CYPRESS STREET
SUITE 500
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name Anthony J. BORRELL Jr
82 Street Address (P.O. Box Number is Not Acceptable)
3511 N. Nebraska Av
83
84 City Tampa FL 85 Zip Code 33603

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

Anthony J. BORRELL Jr

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

1/4/98

12. OFFICERS AND DIRECTORS

TITLE PASD
NAME ELLISON, C. SAMUAL
STREET ADDRESS 6101 SCHOONER WAY
CITY-ST-ZIP TAMPA FL 33619

TITLE ST
NAME MENENDEZ, CARLOS
STREET ADDRESS 4838 SAN PABLO PL
CITY-ST-ZIP TAMPA FL 33634

TITLE VASD
NAME BORRELL, ANTHONY J JR
STREET ADDRESS 4967 BAYSHORE BLVD.
CITY-ST-ZIP TAMPA FL 33603

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

Anthony J. BORRELL Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/4/98 813-223-2727

CR2E034 (1/1/98)