Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90007 049 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

i. Corporation	MENT # P97000 SAL REALTY, INC.	095505					
Principal Place	e of Business	Mailing Address	·		-	j Diel Dali	
1415 COLONIAL FORT MYERS F	L BLVD	1415 COLONIAL BLVD FORT MYERS FL 33907	15 COLONIAL BLVD		DO NOT WRITE IN THIS SP	PACE	
ė.					3. Date Incorporated or Qualifed 11/07/1997		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		plied For	
Suite. Apt. #, etc.		26 Suite Apt # ata		NOT APPLICABLE	\$8.75	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Re	
City & State	e .	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip	Country 25	Zip Cour 29 30		•	8. This corporation owes the current year Intang Personal Property Tax.	gible ] Yes	□No
24	9. Name and Address of Curren				10. Name and Address of New Registered Ag	ent	
OHT	MPSON, RICHARD		81	Name	-		
1415 COLONIAL BLVD			82	82 Street Address (P.O. Box Number is Not Acceptable)			
FT MYERS FL 33907				T			
and the factor	A CONTRACT OF THE PARTY OF THE	The state of the s	84	City	FI	85 Zíp (	Code
11. Pursuant office or nagent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	2 and 607.1508, Florida Statutes, t of Florida. Such change was autho tions of, Section 607.0505, Florida	he above- rized by th Statutes.	named corpo ne corporation	oration submits this statement for the purpose of chan's board of directors. I hereby accept the appointment	anging its nent as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Regi	stered Agent :	signature required	when reinstating) DATE		)
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	THOMPSON, RICHARD H		1.2 NAME	ļ			İ
STREET ADDRESS	1415 COLONIAL BLVD	1.3 ST		DDRESS			1
C/TY-ST-ZIP	FORT MYERS FL 33907		1.4 CITY-ST-	ZIP			☐ Addition
TITLE	VD	_	2.1 TITLE		, L	Change	☐ Addition
NAME	NESTOR, SUZANNE		2.2 NAME				{
STREET ADDRESS	1415 COLONIAL BLVD	i i	2.3 STREET A	\ \			-
CITY-ST-ZIP	FORT MYERS FL 33907		2.4 CITY-ST-	ZIP		Change	Addition
TITLE			3.1 TITLE			_ Critating o	
NAME			3.2 NAME		•		
STREET ADDRESS			3.3 STREET ADDRESS				
CTTY-ST-ZIP	1	· · · · · DELETE → ····	3.4. CITY-ST-ZIP			☐ Change	- Addition
TITLE			4.1 IIILE 4.2 NAME				
NAME STREET ADDRESS		·	4.3 STREET ADDRESS		•		
CITY-ST-ZIP			4.4 CITY-ST-	ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME		Ĭ	5.2 NAME				
STREET ADDRESS			5.3 STREET A	ADDRESS			Į

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.

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

THE REPORT

当一点。据6四部日

CITY-ST-ZIP

STREET ADDRESS

TILE

NAME

☐ DELETE

Change

Addition