


FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90061 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000028380 1. Corporation Name S L F, INC.					
Principal Place of Business 521 W MEMORIAL BLVD LAKELAND FL 33815			Mailing Address 521 W MEMORIAL BLVD LAKELAND FL 33815		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <input type="text"/>			2a. Mailing Address 26 <input type="text"/>		3. Date Incorporated or Qualified 03/27/1998
Suite, Apt. #, etc. 22 <input type="text"/>			Suite, Apt. #, etc. 27 <input type="text"/>		4. FEL Number 59-3504107
City & State 23 <input type="text"/>			City & State 28 <input type="text"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 <input type="text"/>			Zip 29 <input type="text"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 25 <input type="text"/>			Country 30 <input type="text"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent FLANNAGAN, SUSAN 521 W MEMORIAL BLVD LAKELAND FL 33815			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99 (941) 688-2454
 Date Deformed Title

CR2E034 (11/98)