## 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

## DOCUMENT # P98000033584

1. Corporation Name

SLG INVESTMENTS, INC.

## Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90012 028 \*\*\*150.00

4 (BERCONS) (10 (BESC ) BESC BESC BESC BESC BESC STOR (1708 1718) BISC (BISC BESC )

		14-11- Add	<del></del>					
Principal Place of Business Mailing Address								
300 N A1A SUITE B 203   300 N A1A SUITE B 203   JUPITER FL 33477   JUPITER FL 33477							•	
,						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
2. Principal Place of Business 2a. Mailing Address						04/13/1998 4. FEI Number		plied For
21 21	26	S			65-0838679	<u></u>	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			***	5. Certifcate of Status Desired		Additional
22		27						equired
City & Stat	te	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country		Cou	ntrv		8. This corporation owes the current year		to rees
24	25	29	30	,		Personal Property Tax.	<b>⊠</b> Yes	□No
	9. Name and Address of Curren	<del></del>	1001			10. Name and Address of New Register	red Agent	
-			_	81	Name			
GOLD, SANDRA L				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
300 N A1A SUITE B 203						,		
JUPITER FL 33477				83				
				84	City		85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					<u> </u>	_	FL   vo   = P	
agent: I a	am familiar with and accept the obliga	tions of, Section 607.0505, Fic <b>Lold</b>	orida Stati	ites.	•	on's board of directors. I hereby accept the ar	99	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	S AND DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 TD	LE			☐ Change	☐ Addition
NAME	GOLD, SANDRA L		1.2 NA	ME				
STREET ADDRESS	300 N A1A SUITE B 203		1.3 \$7	REET	TADDRESS	,		
CITY-ST-ZIP				1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 17				☐ Change	Addition
NAME			2.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP : ~		DELETE	3.1 Tr	_	ST-ZIP		Change	Addition
NAME	}		3.2 NA					
STREET ADDRESS			3.3 \$7	REET	TADDRESS			
CITY-ST-ZIP	•		3.4. C	TY-S	T-ZIP			TT 1
TITLE		☐ DELETE	4.1 TT	LE			☐ Change	☐ Addition
NAME	†		4. 2 N	AME				
STREET ADDRESS			4.3 ST	REET	TADORESS			
CITY-ST-ZIP			4.4 CI		T-ZIP			- A 1 192
TITLE		☐ DELETE	5.1 TI				☐ Change	☐ Addition
NAME	1		5.2 N/	WE	1			

C!TY-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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZiP

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

Change

☐ Addition