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04-30-1999 90014 018 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000039812

1. Corporation Name
SADLON & ASSOCIATES, INC.

Principal Place of Business
17744 CANDLEWOOD TERRACE
BOCA RATON FL 33487

Mailing Address
C/O STAHL & ASSOCIATES, P.A.
138 NORTH SWINSON AVENUE
DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/01/1998

4. FEI Number
65-0830979
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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 910 Jasmine Drive
Suite, Apt. #, etc.

22 City & State
23 Delray Beach FL

24 Zip 33483 25 Country USA

2a. Mailing Address
26 910 Jasmine Drive
Suite, Apt. #, etc.

27 City & State
28 Delray Beach FL

29 Zip 33483 30 Country USA

9. Name and Address of Current Registered Agent

SADLON, ELIZABETH
17744 CANDLEWOOD TERRACE
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name Sadlon, Elizabeth
82 Street Address (P.O. Box Number is Not Acceptable)
910 Jasmine Drive
83
84 City Delray Beach FL 85 Zip Code 33483

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 Elizabeth Sadlon Elizabeth Sadlon, President 2/4/99
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 SADLON, ELIZABETH
STREET ADDRESS 17744 CANDLEWOOD TERRACE
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
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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, D ☒ Change ☐ Addition
1.2 NAME Sadlon, Elizabeth
1.3 STREET ADDRESS 910 Jasmine Drive
1.4 CITY-ST-ZIP Delray Beach FL 33483

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

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

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth Sadlon Elizabeth Sadlon, President 2/4/99 (561) 278-7777
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)