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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000057911**

1. Corporation Name
S.I.F.A., INC.



Principal Place of Business
 7100 SOUTH U.S. HWY 17-92
 FERN PARK FL 32730

Mailing Address
 7100 SOUTH U.S. HWY 17-92
 FERN PARK FL 32730

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 3097 Camp Road
 Suite, Apt. #, etc.

2a. Mailing Address
 26 P.O. Box 4250
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified
06/26/1998

4. FEI Number
 59-3521358
 Applied For
 Not Applicable

22 City & State
 23 Oviedo, FL

27 City & State
 28 Winter Park, FL

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

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

24 Zip 32765 25 Country U.S.

29 Zip 32793-4250 30 Country U.S.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRISON, WILLIAM H
 7100 SOUTH U.S. HWY 17-92
 FERN PARK FL 32730

81 Name
Thomas J. Conaughty
 82 Street Address (P.O. Box Number is Not Acceptable)
 3097 Camp Road
 83
 84 City
 Oviedo, FL 85 Zip Code
 32765

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 *Thomas J. Conaughty* **Thomas J. Conaughty, President** **4-7-99**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONAUGHTY, THOMAS J	1.2 NAME	Conaughty, Thomas J.
STREET ADDRESS	4792 DUNBARTON DRIVE	1.3 STREET ADDRESS	4792 Dunbarton Dr.
CITY-ST-ZIP	ORLANDO FL 32817	1.4 CITY-ST-ZIP	Orlando, FL 32817
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, JOSEPH H JR	2.2 NAME	Hughes, Joseph H. Jr.
STREET ADDRESS	7100 SOUTH U.S. HWY 17-92	2.3 STREET ADDRESS	768 Bear Creek Circle
CITY-ST-ZIP	FERN PARK FL 32730	2.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, DELORES T	3.2 NAME	Hughes, Dolores T.
STREET ADDRESS	7100 SOUTH U.S. HWY 17-92	3.3 STREET ADDRESS	768 Bear Creek Circle
CITY-ST-ZIP	FERN PARK FL 32730	3.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, PAULETTE	4.2 NAME	Morris, Paulette
STREET ADDRESS	7100 SOUTH U.S. HWY 17-92	4.3 STREET ADDRESS	2432 Lake Vista Ct. Apt.202
CITY-ST-ZIP	FERN PARK FL 32730	4.4 CITY-ST-ZIP	Casselberry, FL 32707
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Boraski, Joseph A.
STREET ADDRESS		5.3 STREET ADDRESS	1026 Chatham Pines Circle Apt.302
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Thomas J. Conaughty* **Thomas J. Conaughty, President** **4-7-99** **407-365-8820**
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)