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 # P98000069350

SOBERG SCREEN SERVICE, INC.

Principal Place	of Business	Mailing Address				, 10011001 110 101110 10	
534-C TRAFALGAR LANE IAPLES FL 34116		1534-C TRAFALGAR LANE NAPLES FL 34116					
						DO NOT WRITE IN THIS SPACE	ı
						3. Date Incorporated or Qualifed	l
						08/05/1998	l
Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For	ĺ
1		26				59-352,9738 Not Applicable	l
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
2	27				Fee Required		
City & State	City & State	& State			6. Election Campaign Financing \$5.00 May Be	ĺ	
3		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	intry		This corporation owes the current year Intangible	
4	25		30			Personal Property Tax.	1
	9. Name and Address of Curr	ent Registered Agent		-		10. Name and Address of New Registered Agent	ł
0.00				81 Na	ame (Donald Soberg	
SOBERG, LISA				82 St	reet Addre	dress (P.O. Box Number is Not Acceptable)	
1534-C TRAFALGAR LANE					153	34-C Trafalgar lanc.	
NAPI	LES FL 34116			83			ľ
				84 Ci		85 Zip Code	
				84 Ci	" Nia	aples FL 85 Zip Code 34116	
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Star m familiar with, and accept the obli	re of Florida, Such change was au	tnorized	a by the	med corpo corporatio	portion submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered $3-16-99$	
SIGNATURE	Signature, typed or printed penns of registered a		Registered	Agent sign	ature required	red when reinstating) DATE	1
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	5
TITLE	D	☐ DELETE	1.1 TI	TLE	}	Change Addition	:
NAME	SOBERG, C. DONALD	1		1.2 NAME			3
STREET ADDRESS	1534-C TRAFALGAR LANE		135	TREET ADD	RESS		į į
CITY-ST-ZIP	NAPLES FL 34116			1.4 CITY-ST-ZIP			
TITLE	D	DELETE		2.1 TITLE		Change Addition	١,
NAME	SOBERG, LISA		2.2 N	AME)
STREET ADDRESS	1534-C TRAFALGAR LANE		235	TREET ADD	RESS)
CITY-ST-ZIP	NAPLES FL 34116		2 4 0	ITY-ST-ZIP	,	•	
TITLE	100 500 15 01110	☐ DELETE	3.1 TI		-	☐ Change ☐ Addition	
NAME			3.2 N	AME	}		
			1	TREET ADD	DESS		
STREET ADDRESS					. 1		
CITY-ST-ZIP		☐ DELETE	41 1	OTY-ST-ZIP	<u> </u>	Change Addition	1
TITLE			1				
NAME		•	4.21				
STREET ADDRESS				TREET ADD	- 1		
CITY-ST-ZIP			_	ITY-ST-ZIP	<u> </u>	□ Ob □ Add#on	┨
TITLE		☐ DELETE	5,1 T			Change Addition	
NAME			5.2 N				
STREET ADDRESS			5.3 S	TREET ADD	RESS		
CITY-ST-ZIP			_	ITY-ST-ZIP			1
TITLE		☐ DELETE	6.1 T	ITLE		☐ Change ☐ Addition	
NAME			6.2 N	AME			
STREET ADDRESS			6.3 S	TREET ADO	RESS		
UNICE HUDNESS			640	מול דפ עדו	.		1

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

3-16-99

Daytime Phone #

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90085 017 ***150.00

= *1* = 41.