

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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90019 028 \*\*\*150.00

DOCUMENT # 798000076311

1. Corporation Name

SOUTHERN FLORIDA RESOURCES, INC ✓

Principal Place of Business

Mailing Address

3361 BELVEDERE RD.

STE. K

WEST PALM BEACH, FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/28/1998

4. FEI Number

65-0859313 ✓

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

2a. Mailing Address

21 3361 BELVEDERE ROAD

26 3361 BELVEDERE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE K

27 SUITE K

City & State

City & State

23 WEST PALM BEACH, FL

28 WEST PALM BEACH, FL

Zip

Country

Zip

Country

24 33406

25 U.S.A.

29 33406

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES MICHAEL SPEER

15 LIVE OAK CIR

TEQUESTA, FL 33469

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

PRESIDENT - D

☐ Change

☐ Addition

J. MICHAEL SPEER

15 LIVE OAK CIRCLE

TEQUESTA, FL 33469

VICE PRESIDENT - D

☐ Change

☐ Addition

AMY C. SPEER

15 LIVE OAK CIRCLE

TEQUESTA, FL 33469

☐ Change

☐ Addition

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

AMY C. SPEER

VICE PRESIDENT

4/26/99

561-689-5544

Date

Daytime Phone #

CR2E034 (11/98)