

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90091 028 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000086656**

1. Corporation Name

**SAL-LU, INC.**

Principal Place of Business <b>1031 BRADLEY STREET FORT PIERCE FL 34982</b>	Mailing Address <b>1031 BRADLEY STREET FORT PIERCE FL 34982</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/07/1998</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0878722</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	<b>FT. PIERCE, FL</b>	28	<b>FT. PIERCE, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip <b>34982</b>	29	Zip <b>34982</b>	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country <b>ST. LUCIE</b>	30	Country <b>ST. LUCIE</b>		

9. Name and Address of Current Registered Agent

**LAMOS, DAVID M ESQ**  
**805 DELAWARE AVE**  
**FORT PIERCE FL 34950**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	<b>PRESIDENT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEVIN HERNDON</b>	1.2 NAME	
STREET ADDRESS	<b>5910 CASSIA DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE, FL 34982</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOYCE HERNDON</b>	2.2 NAME	
STREET ADDRESS	<b>5514 SPRUCE DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE, FL 34982</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TREASURER</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT HERNDON</b>	3.2 NAME	
STREET ADDRESS	<b>5514 SPRUCE DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE, FL 34982</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SECRETARY</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMIE HERNDON</b>	4.2 NAME	
STREET ADDRESS	<b>5910 CASSIA DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE, FL 34982</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: *JOYCE A. HERNDON*  
 JOYCE A. HERNDON

04/28/99

561-465-5514

CR2E034 (1/98)