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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90087 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000090683

1. Corporation Name

SL Indialantic, Inc-

Principal Place of Business

Mailing Address

3936 S. Semoran Blvd Suite 1508
Orlando, Florida 32822

3936 S. Semoran Blvd.
Suite 1508
Orlando, Florida 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

October 26, 1998

4. FEI Number

65-0980752

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 10625 US Hiway One

2a. Mailing Address

26 PO Box 729

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Sebastian, Florida

City & State

28 Melbourne, Florida

Zip

24 32958

Country

25 USA

Zip

29 32902

Country

30 USA

9. Name and Address of Current Registered Agent

Robert DeHarder
3936 S. Semoran Blvd, Suite 1508
Orlando, Florida 32822

10. Name and Address of New Registered Agent

81 Name

Robert DeHarder

82 Street Address (P.O. Box Number is Not Acceptable)

10625 US Hiway One

83

84

City Sebastian

FL

85 Zip Code

32958

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

Robert DeHarder

4-5-99

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 P, D, V, S
NAME Robert DeHarder
STREET ADDRESS 3936 S. Semoran Blvd, Suite 1508
CITY-ST-ZIP Orlando, Florida 32822

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, D, V, S
1.2 NAME Robert DeHarder
1.3 STREET ADDRESS 10625 US Hiway One
1.4 CITY-ST-ZIP Sebastian, FL 32958

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

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

SIGNATURE:

Robert DeHarder

4-5-99 431-8108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)