FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

SYLVAN, INC.

Principal Place of Business

DOCUMENT # V52177



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90028 046 ***150.00

Marillo Address	

2150 CENTER \		2150 CENTER VIEW CT N CLEARWATER FL 34619			
CLEARWATER F	-L 34619	GLEANWAIEN FL 34019		DO NOT WRITE IN THIS S	PACE
•				3. Date Incorporated or Qualifed	
1				07/22/1992	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 ~28/	_ / /	26 28/5 C	un hour	59-3139947	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Wes	+ Palm Beach Fl	- 28 West Palm	· Berd,	Trust Fund Contribution	Added to Fees
Zíp	Country	Zip Zu	Country	8. This corporation owes the current year Intan	gible ≌Yes □No
24 <i>339</i>	109 25 454	29 33905 3	451	Toronian Topolity Tom	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Ag	jent
	TER 0.05111		81 Name	CAREN Hunter	
	ITER, CAREN L.		82 Street	Address (P.O. Box Number is Not Acceptable)	
2150	CENTER VIEW CT N			2815 Cugahoga La	<u> </u>
CLE	ARWATER FL 34619		83		
			04 00		as Zin Coda
			84 City	est Palm Beach FL	85 33409
44 Purcuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes	the above-named	corporation submits this statement for the purpose of choration's board directors. I hereby accept the appointment	nanging its registered
office or r	registered agent, or both, in the State	of Florida, Such change was adil	norized the corp	oration's board ordirectors. I hereby accept the appointr	ment as registered
agent. I a	m familiar with, and accept the obligat	tions of Section 687.0505 Florid	a Startutes.		2 00
SIGNATURE	CAREN L. HU		men/	Jana 1-3	7-99
	Signature, typed or printed name of registered agen		egistered agent agnature		
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	DP	DELETE	1.1 TITLE	<i>''-</i> '	Change
NAME	JOHNSON, GINA W.		1.2 NAME	CAREN Hunter	•
STREET ADDRESS			1.3 STREET ADDRESS	2813 (200	しっつかん。
CITY-ST-ZIP	CLEARWATER FL		1,4 CITY-ST-ZIP		233409
TITLE	V	☐ DELETE	2.1 TITLE	IP	Change Addition
NAME	·		2.2 NAME	Give Johnson	
	HUNTER, CAREN L		2.3 STREET ADDRESS	2150 Centerview Ct.	ν.
STREET ADDRESS				11 . T El 24	19
CITY-ST-ZIP	CLEARWATER FL	□ priete	2.4 CITY-ST-ZIP	Clevan 1- 2 310	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ D€LETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP	J	
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
			5.2 NAME		_
NAME			5.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		□ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	 	☐ Change ☐ Addition
TITLE		☐ DELETE			□ cuande □ vaciou
NAME			62 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY+ST-ZIP	Í		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. Forida 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:

561 688 0095