Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90024 041 ***150.00

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 # 650951

Corporation Name

BILTMOF	RE REALTY AND DEVELOPM	MENT CORP			
Principal Place	of Business	Mailing Address			(1884) brief 2016 Stat 6010 thint plat tion older draft around each east real
2520 NE 46 ST 2520 NE 46 ST					
LIGHTHOUSE POINT FL 33064-7259 LIGHTHOUSE POINT FL 33064-					
					DO NOT WRITE IN THIS SPACE
	•				3. Date Incorporated or Qualifed 12/31/1979
2. Principal Pl	Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For
21					59-1979734 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			_		5. Certificate of Status Desired \$8.75 Additional
22 City & State					5. Certificate of Status Desired Fee Required
City & State					6. Election Campaign Financing \$5.00 May Be
23	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		intry	8. This corporation owes the current year Intangible
24	25	_1==1	30		Personal Property Tax. XX Yes No
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Registered Agent
ANDI	ERSON, R. MICHAEL				,
2520 NE. 46 STREET				82 Street	t Address (P.O. Box Number is Not Acceptable)
LIGHTHOUSE POINT FL 33064					
LIGH	THOUSE POINT PE 33004			83	
				84 City	FL 85 Zip Code
11. Pursuant to	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statute of Florida. Such change was autions of, Section 607.0505, Flor	es, the a uthorized ida Stat	bove-named by the corpo utes.	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered agen		Registered	Agent signature r	required when reinstating) DATE
12.	· OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD.	☐ DELETE	1,1 TI		☐ Change ☐ Addition
NAME	ANDERSON, R. MICHAEL		1.2 N	AME	
STREET ADDRESS	2520 NE 46 ST		1.3 S	TREET ADDRESS	3
CITY-ST-ZiP	LIGHTHOUSE PT FL		1.4 C	TY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TI	TLE	☐ Change ☐ Addition
NAME	ANDERSON, VICTORIA K.		2.2 N	AME	
STREET ADDRESS	2520 NE 46 ST		2.3 S	TREET ADDRESS	3
CITY-ST-ZIP	LIGHTHOUSE PT FL		2.40	ITY-ST-ZIP	
TITLE	D	☐ DELETE	DELETE 3.1 TITLE		☐ Change ☐ Addition
NAME	LEONARD, WILLIAM F.		32 N	AME	
STREET ADDRESS	4875 N FEDERAL HWY		TREET ADDRESS	3	
CITY-ST-ZIP			3.4. 0	ITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TI	TLE	☐ Change ☐ Addition
NAME			4. 2 N	AME	
STREET ADDRESS			4.3 S	TREET ADDRESS	s
CITY-ST-ZIP			4.4 C	TY-ST-ZIP	<u> </u>
TITLE		☐ DELETE	5.1 T		☐ Change ☐ Addition
NAME			5.2 N		

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4-28-99

Daytime Phone #

Change

Addition