

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

017385

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

99 JAN -8 PM 4:43

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # **K78545**  
 1. Corporation Name  
**LATITUDE 24 REAL ESTATE, INC.**

Principal Place of Business  
 31281 OVERSEAS HWY.  
 MM 31.3 GULFSIDE  
 BIG PINE KEY FL 33043-0925  
 US

Mailing Address  
 P O BOX 430925  
 BIG PINE KEY FL 33043-1605  
 US

3. Date Incorporated or Qualified  
**04/03/1989**

4. FEI Number  
**65-0119428**

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 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 P.O. Box 430925  
 27 Suite, Apt. #, etc.  
 28 Big Pine Key, Florida  
 29 33043-0925 30 U.S.

9. Name and Address of Current Registered Agent  
**VOWELS, CHARLES H. III**  
**31281 OVERSEAS HWY. MM 31.3**  
**BIG PINE KEY FL 33043**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VOWELS, III., CHARLES H.	
STREET ADDRESS	P O BOX 430585 N/A	
CITY-ST-ZIP	BIG PINE KEY FL 33043-0585	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	VOWELS, MERCENE	
STREET ADDRESS	P O BOX 430585 N/A	
CITY-ST-ZIP	BIG PINE KEY FL 33043-0585	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ABBOTT, DOROTHY SUE	
STREET ADDRESS	P O BOX 430431	
CITY-ST-ZIP	BIG PINE KEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	P.O. Box 431605 / 31440 Roosevelt St.
1.4 CITY-ST-ZIP	Big Pine Key, Florida 33043-1605
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	P.O. Box 430585 / 353 Sandy Circle West
2.4 CITY-ST-ZIP	Big Pine Key, Florida 33043-0585
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Big Pine Key, Florida 33043-0431
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	500002749235--9
4.3 STREET ADDRESS	-01/21/99--01038--005
4.4 CITY-ST-ZIP	*****150.00 *****150.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500002749235--9
5.3 STREET ADDRESS	-01/21/99--01038--006
5.4 CITY-ST-ZIP	*****8.75 *****8.75
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	TS 1/13/99 9992
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: *Charles H. Vowels III* **Charles H. Vowels III** 6 January 1999 (305) 872-2800

CR2E034 (1198)