Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90203 024 ***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 # P93000052909

1. Corporation Name

JOSEPH REALTY, INC.

							/ 	1861 1861 1861 1861 1861 1861 1861 1861 1861 1861 1861 1861 1861 1861 1861 186	
Principal Place	e of Business	Mailing Address							
2405 S. FLA. AVE JOE JOSEPH									
LAKELAND FL (33903		3915 WOODBURN LOOP			DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE		
LAKELAND FL 33813						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						07/29/1993			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
26						59- 31945 <u>62</u>	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional	
27						5. Certificate of Status Desired	Fee	Required	
City & State	9	City & State				- 6Election Campaign Financing	\$5.0	O-May Be	
23		28		•		Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zip	Co	untry		8. This corporation owes the current y	ear Intangible		
24	25	29	30			Personal Property Tax.	⊉ Yes	□No	
1	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Regis	tered Agent		
				81	Name				
JOSEPH, JOSE K				82	2 Street Address (P.O. Box Number is Not Acceptable)				
3915 WOODBURN LOOP W.				02	Street Addit	Address (P.O. Box Number is Not Acceptable)			
LANI	KLAND FL 33813			83					
				84	City	<u>.</u>	FL 85 Zi	p Code	
		0 - 1 007 4500 Flacida Can	the the	<u> </u>	named serv	oration submits this statement for the purp	1	its registered	
office or n	egistered agent, or both, in the State :	of Florida. Such change was	authorize	d by	the corporation	n's board of directors. I hereby accept the	appointment as	registered	
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, F	lorida Stat	tutes					
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE:				Registered Agent signature required		ADDITIONS/CHANGES TO OFFICE	DE AND DIDEC	TODS IN 12	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	P	☐ DELETE	1,1 T						
NAME	JOSE, JOSE K			AME		2.3			
STREET ADDRESS	3915 WOODBURN LOOP W		1.3 S	TREET	TADDRESS	•			
CITY-ST-ZIP	LANKLAND FL 33813		1.4 0	ΠY-S	T-ZIP				
TITLE	D	☐ DELETE	2.1 T	ITLE	i		Chang	ge 🗌 Addition	
NAME	Jose, Jose K		2.2 N	IAME					
STREET ADDRESS	3915 WOODBURN LOOP W		2.3 S	TREET	T ADDRÉSS				
CITY-ST-ZIP	LANKLAND FL 33813		2.40	CITY-S	ST-ZIP	_			
TITLE	C	DELETE 3.11					☐ Chang	e Addition	
NAME	-JOSE,-JOSE K	•	3.2 N	IAMÉ		•			
STREET ADDRESS	3915 WOODBURN LOOP W				TADDRESS		•		
	LANKLAND FL 33813		1		ST-ZJP				
CITY-ST-ZIP	S	, DELETE	4.1 T		η-ΔF		[] Chang	e Addition	
TITLE	JOSEPH, JOSE K.	, LI OLLETE		NAME				. – …	
NAME									
STREET ADDRESS	3915 WOODBURN LOOP W				TADDRESS				
CITY-ST-ZIP	LANKLAND FL			ITY-S	T-ZIP		☐ Chanc	ge \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
TITLE	1	☐ DELETE	5.1 T				□ cuant	3e □woongou	
NAME	JOSEPH, JOSE K.			IAME					
STREET ADDRESS	3915 WOODBURN LOOP W		5.3 8	TREE	T ADDRESS	•			
CITY-ST-ZIP	LANKLAND FL			CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 T	ITLE			, Chang	ge 🗌 Addition	
			6.2 N	AME	1		'		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND THE OF SIGNATURE

4-20-1999 941-644-2364