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 # **P93000066358**1. Corporation Name

ANCLOTE KEY REALTY, INC.

FII ED

99 MAR - 4 AM 11: 33

SECTION OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address					[
30 N RING AVE STE 300 TARPON SPRINGS FL 34689 US			30 N RING AVE STE 300 TARPON SPRINGS FL 34689 US			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/16/1993					
2.	Principal Place of Business	2a.	Mailing Address			4.	FEI Number		TA	pplied For	
21	26				į		59-3219268		N	ot Applicable	
22	Sulte, Apt. #, etc.	27	Suite, Apt. #, etc.			5.	Certificate of Status Desired [•	Additional Required	
23	City & State	City & State				6	6. Election Campaign Financing Trust Fund Contribution Added to				
24	Zip Country 25	29	Ζιρ Cou [30]		B. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No						
	9. Name and Address of Curre	Ţ	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	10. Name and Address of New Registered Agent							
KLIMIS, GEORGE N 30 N. RING AVE. SUITE 400 TARPON SPRINGS FL 34689					Street Addres City	e et Address (P.O. Box Number is Not Acceptable) FI 85 Zip Code					
11	I. Pursuant to the provisions of Sections 607.05	02 and 6	07.1508, Florida Statutes, the a	bove	L e-named corpor	atio	n submits this statement for the pu		anging it	s registered	

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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent agrature required when reinstating) DATE											
12.	OFFICERS AND DIRECTORS	1 3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	D DELETE	1.1 TITLE	Change [] Addition								
NAME	PECK-KLIMIS, YVY J	1.2 NAME									
STREET ADDRESS	2100 SAND PIPER POINT CT	13 STREET ADORESS	a109 sandpiper Pointe Court Turpon springs, FL 34189								
CITY-ST-ZIP	TARPON SPRINGS FL 34684	14 CITY-ST-ZIP	Tamon Sornas FL 34189								
TITLE	DELETE	217ITLE	☐ Change ☐ Addition								
NAME	,	22 NAME									
STREET ADDRESS		23 STREET ADDRESS									
CITY-ST-ZIP		2 4 CITY: ST-ZIP									
TITLE	DELETE	3 1 TITLE	accoossecotage								
NAME		32 NAME	-03/10/3901059003								
STREET ADDRESS		3.3 STREET ADDRESS	****150.00 ****150.00								
CITY-6T-ZIP		34 CITY-ST-ZIP									
TITLE!	DELETE	4 1 TITLE	Change () Addition								
NAME		4 2 NAME									
STREET ADDRESS		4.3 STREET ADDRESS									
CITY-ST-ZIP		4.4 CiTY-ST-ZiP									
TITUE	☐ DELETE	5.1 TITLE	Change \ Chaddition								
NAME		5.2 NAME	/ V()								
STREET ADDRESS		53STREET ADDRESS									
CITY-ST-ZIP		54 CITY-ST-ZIP									
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition								
NAME		62 NAME 63 STREET ADDRESS									
PERFECT ADDRESS											

64 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 in on an attacking the my officer or the receiver of the corporation of 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 in on an attacking the my officer of the corporation of the receiver of the re

SIGNATURE:

CITY-ST-ZIP