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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000019170

LOGAN CAROLINA PLACE REALTY CORP.

| Principal Place | of Business |
|---------------------------------|-------------|
| 11540 HIGHWAY SEFFNER FL 335 | |

Mailing Address

11540 HIGHWAY 92 EAST SEFFNER FL 33584

99 JAN 19 PM 12: 56

SECRETARY OF STATE

| | | | | | | DO NOT WRITE IN THIS SPACE . | | | | | | |
|---|--|--------|--------------------------|----------------------------------|--|------------------------------|--|--------|--------------|----------------------------|--|--|
| | | | | 3. Date Incorporated or Qualifed | • | | | | | | | |
| | | | | | | 03/08/1995 | | | j | | | |
| 2. Principal P | lace of Business | 2a | . Mailing Address | | | | 4. FEI Number | | App | lied For | | |
| 21 | | 26 | | | | | 59-3302046 | | Not | Applicable | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | T | 5. Certificate of Status Desired | \$8.7 | 75 A | dditional | | |
| 22 | | 27 | | | | | 5. Certificate of Status Desired | Fe | e Rec | puired | | |
| City & Stat | e · | | City & State | | | | 6. Election Campaign Financing | \$5. | 00. | May Be | | |
| 23 | | 28 | | | | | Trust Fund Contribution | | | Fees | | |
| Zip | | | | Countr | intry 8. This corporation owes the current year Intangible | | | | | | | |
| 24 | 25 | 29 | 30 | ol | | · | · · · | ∐Yes | [| ⊐No Ì | | |
| | 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | | | | | | |
| | | | | | | 81 Name | | | | | | |
| | Wartz, larry | | | <u> </u> | 1 | | | | | | | |
| 11420 HWY. 92 E. | | | 82 Street | | | Street Addres | Address (P.O. Box Number is Not Acceptable) | | | | | |
| SEFF | FNER FL 33584 | | 83 | | | | | | - | | | |
| | | | | " | 1 | | | | | , i | | |
| | | | | 84 | • | City | FL | 85 | Zip C | ode | | |
| 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 re | egistered agent, or both, in the State of | Florid | da. Such change was auth | nonzed by | / U | the corporation' | 's board of directors. I hereby accept the appoint | nent a | is regi | stered | | |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | | | |
| SIGNATURE Signature, you or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | |
| 12. | OFFICERS AND | | | 13. | 1111 | signatura nequirad w | ADDITIONS/CHANGES TO OFFICERS AND | DIRE | CTOF | 2S IN 12 | | |
| TITLE | D | - | ☐ DELETE | 1.1 TITLE | _ | | | Cha | | Addition | | |
| NAME | SEAMAN, JULIE | | | 1.2 NAME | | 1 | | | -3- | | | |
| | 11540 HIGHWAY 92 EAST | | | | | | 400002720 | | A. | | | |
| STREET ADDRESS | | | | | | ADDRESS | 4000027 %66 111/21/9901 | 117 | י בבר | າກຊ ໍ່ໄ | | |
| CITY-ST-ZIP | SEFNER FL 33584 | | ☐ DELETE | 1,4 CTTY-S | <u> 3T-</u> | -ZIP | ****150.00 | A.A. | <u>a-d</u> € | 700 3 00 307 | | |
| πLE | ST | | TT DETE 15 | 2.1 TTLE | | 1 | *************************************** | | ider - | 1.15 FR00300U | | |
| NAME | STEIN, LEWIS | | | 2.2 NAME | | 1 | | | | 1 | | |
| STREET ADDRESS | 11540 HWY 92 E | | · | 2.3 STREE | 1 | ADDRESS | | | | } | | |
| CITY-ST-ZIP | SEFFNER FL | | | 2. 4 CITY- | ST | -ZIP | | | | | | |
| TITLE | VP | | DELETE | 3.1 TITLE | | 1 | · · · · · · · · · · · · · · · · · · · | Chai | nge | ☐ Addition | | |
| NAME | FINICER, JEFFNER | | | 3.2 NAME | | İ | | | | | | |
| STREET ADDRESS | 11540 HWY 92 E | | | 3.3 STREE | TA | ADDRESS | | | | 1 | | |
| CITY-ST-ZIP | SEFFNER FL | | i | 3.4, CITY- | ST. | -ZIP | | | | | | |
| TITLE | VP | | DELETE | 4.1 TITLE | _ | | | Char | nge | ☐ Addition | | |
| NAME. | SCHWARTZ, LARRY | | | 4. 2 NAME | | 1 | | | | • | | |
| STREET ADDRESS | 11540 HWY 92 E | | | 4.3 STREE | | ADDRESS | | | | 1 | | |
| CTY-ST-ZIP | SEFFNER FL | | | 4.4 CITY-S | | Į. | | | | ł | | |
| TITLE! | Var. (real (L | | DELETE | 5.1 TITLE | -1: | · | - | Char | nae | ☐ Addition | | |
| NAME | | | | 5.2 NAME | | ľ | · | | 3 - | | | |
| t 1 | | | | 5.3 STREE | т, | ADDRESS | | | |] | | |
| STRUET ADDRESS | | | | f | | - 1 | | | | İ | | |
| CITY-ST-ZIP | | | - a. Oberere | 5.4 CITY-S 6.1 TITLE | a i - | · ZIP | | 706 | | - 1 A A COC e - | | |
| mu£ | | | DELETE | | | Ì | WU , | Char | /የ// | ☐ Addition | | |
| NAME | | | | 6.2 NAME | | J | , lb. 1 | () \ A | バリ |] | | |
| STREET ADDRESS | | | • | 6.3 STREE | TA | address (| \ \ | Yι | | • | | |

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 eath; 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE Lewis Stein, Sectretary

JAN 13 1899

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