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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

1. Corporation	MENI # P96000	006787						
•	OPERTIES, INC.							
B : 1 B		Mailing Address						
8702 VERANDA WAY 8702 VERANDA WAY TAMPA FL 33635 TAMPA FL 33635					ļ			
US US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
_						01/18/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	<u> </u>	pplied For
21 26						65-0641289		ot Applicable
Suite, Apt. #, etc.						-5. Certifcate of Status Desired		Additional equired
22 27 City & State City & State						O Florida America Financia		
City & State	е	— ´				6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip	Country Zip Cou			v		8. This corporation owes the current year		
24	25	29 3	_ '	,	ļ	Personal Property Tax.	Yes	X No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registere	d Agent	
			81	Name		•.		
STEIJLEN, PAUL				Street	Addres	ss (P.O. Box Number is Not Acceptable)		
8702 VERANDA WAY				Sireei	Addres	s (F.O. Box Number is Not Acceptable)		Ì
TAMPA FL 33635				1				
				City			. 85 Zip	Code
				City		F		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abov	e-named	corpor	ation submits this statement for the purpose	of changing its	s registered
office or n	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida, Such change was auth ions of, Section 607.0505, Florid	norized by la Statute:	/ the corp s.	oration	's board of directors. I hereby accept the app	Journment 92 re	agistered
SIGNATURE	, ,					•		Į
SIGNATURE	Signature, typed or printed name of registered agent			ent signature i	required w	when reinstating) DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	Addition
TITLE	Р	DELETE	1.1 TITLE				change	Addition
NAME	STEIJLEN, RONALD		1.2 NAME					ļ
STREET ADDRESS	602 S ORLEANS		l	TADDRESS	ļ			ļ
CITY-ST-ZIP			1.4 CITY-1	ST-ZIP	P	The first control of the second control of t	Change	Addition
TITLE	-						Actioning	
NAME	STEIJLEN, PAUL		2.2 NAME					ļ
STREET ADDRESS	OF OF TENTIFICATION TO THE PROPERTY OF THE PRO			ET ADDRESS				
CITY-ST-ZIP			2. 4 CITY- 3.1 TITLE	51-ZIP	V		☐ Change	Addition
NAME			3.2 NAME		m	ARIA STEIJEEN		
i			1	ET ADDRESS	9 5	102 veranda h	Jay	
STREET ADDRESS			3.4 CITY-		47	ARIA STEIJEEN HOZ VERANDA M AMPA, FL 3363	` ک	1
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	J1-2H	· •	7.000	Change	Addition
NAME.			4, 2 NAME	:				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETE	5.1 TITLE	- · ·	 		Change	☐ Addition
NAME		_	5.2 NAME					
STREET ADDRESS			5.3 STREE	ET ADDRESS				ĺ
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	1			Ì
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Paul R. Steillen

(813) 282-2425