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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000036337

ST. LUCIE ESTATE BROKERS, INC.

Dringing Blace of Business

Mailing Address

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90028 004 ***150.00



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					3. Date Incorporated or Qualifed 04/26/1006	'		
	(B)	2a. Mailing Address			04/26/1996 4. FEI Number		Applied For	
2. Principal Pi	lace of Business	├ ¬				\vdash	Not Applicab	- Jo
21		26			65-0660710	£0 -		, e
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 1 7	75 Additional e Required	
City & State	te	City & State	***		6. Election Campaign Financing	\$5.	00 May Be	
23		28			Trust Fund Contribution		ded to Fees	
Zip	Country	Zip	Country	i	8. This corporation owes the cur	rrent year Intangible		
24	25		30		Personal Property Tax.	_ Yes	∭No	
24]	9. Name and Address of Currer				10. Name and Address of New	Registered Agent		
	o. Hame and Addition of College		81	Name				
LETS	SCH, DONNA					<u> </u>		_
7634	4'S U.S. HWY ONE		82	Street Add	ress (P.O. Box Number is Not Accep	table)		
POR	RT ST LUCIE FL 34952		83					d
			84	City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Zip Code	77:
			84	City		FL °°	p 0000	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above	e-named corp	poration submits this statement for the	e purpose of changin	g its registered	d
office or r	registered agent, or both, in the State am familiar with, and accept the obliga-	of Florida. Such change was au	ithorized by	the corporati	ion's board of directors. I hereby acce	ept the appointment a	as registerea	}
agent. i a	ım tamıllar witin, and accept the obliga	aliuris di, Secaluri do 129505, i loi	ida Siaidics					- 1
	/ / /		MAINO	A . CTC	CH POST	1-71-	.40	- 1
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	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	DONNA	A LETS	CH PRES ed when reinstating)	1-21- DATE		
12.	Signature, typed or printed name of registered age OFFICERS AN	ant and title if applicable. (NOTE: ND DIRECTORS	Registered Ager 13.	A LETS	CH PRES	1-21- DATE	CTORS IN 12	
12.	Signature, typed or pfinted name of registered age OFFICERS AN	ent and title if applicable. (NOTE:	Registered Ager 13. 1.1 TiTLE	A LETS	CH PRES ed when reinstating)	1-21- DATE FFICERS AND DIRE	CTORS IN 12	
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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: