FILED

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000013120

1. Corporation Name

CABEUR	AN HEAL ESTATE SERVI	CES, INC.									
Principal Place	e of Business	Mailin	g Address					• • • • • • • • • • • • • • • • • • • •			
708 S. CHURCH STREET 708 S. CHURCH STREET TAMPA FL 33609 TAMPA FL 33609							PO A	OT 11	DITE IN TUIC	PDACE.	
									RITE IN THIS	SPACE	
							3. Date Incorporated or 02/10/1997	Quante	ea		
2. Principal P	face of Business	2a. M	ailing Address				4. FEI Number			A	pplied For
21	·	26					59-3427986			N	ot Applicable
			Suite, Apt. #, etc.			5. Certificate of Status Desired					
City & State			City & State				Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees				
Zip	Country Zip			Country			8. This corporation owes		rrent vear Int		
					.,		Personal Property Ta		anon your ma	Yes	□No
24 25 29 :							10. Name and Address of New Registered Agent				
	J. Hallie allo Addition Co.	ti i i i i i i i i i i i i i i i i i i		8	1	Name					
MCNAMARA, THOMAS P				8	2	Street Addre	ddress (P.O. Box Number is Not Acceptable)				
2909 BAY TO BAY BLVD											
	E 309			8	3						
TAMPA FL 33629				8	4	City		•	FL	85 Zip	Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	to of Florida .	Such change was aut	honzed b	iv in	named corpo ne corporation	oration submits this statement's board of directors. I here	nt for the	ne purpose of cept the appoi	changing it ntment as r	s registered egistered
SIGNATURE						signature required	when estimately at		DATE		
45	Signature, typed or printed name of registered	AND DIRECT		13.	jent s	agnature required	ADDITIONS/CHANGE	s to c		D DIRECT	ORS IN 12
12.	D	AND DIRECT	☐ DELETE	1.1 TITLE	:		7,0017101010101010101			Change	Addition
	AVILES, JOHN M		1.2 NAME								
NAME	708 S CHURCH ST		1.3 STREET ADDRESS		nnorss						
STREET ADDRESS	TAMPA FL 33609		1,4 CITY-ST-ZIP							İ	
CITY-ST-ZIP	TAMPA FL 33009			2.1 TITLE				-	Change	Addition	
TITLE			C. Detere	2.1 NAMI							
NAME				1		DDDEGG					
STREET ADDRESS				1		DDRESS					
CITY-ST-ZIP			□ DELETE	2.4 CITY		<u> </u>				Change	☐ Addition
TITLE	•		☐ netere	3.1 TITLE			•				
NAME				3.2 NAMI		ODRESS					
STREET ADDRESS											
CITY-ST-ZIP				3.4, CITY	-51-	ZIP					

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

4.1 TITLE

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY+ST+ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

☐ DELETE

☐ Change

☐ Change

Change

☐ Addition

Addition

Addition