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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCIMENT

1. Corporation ASSOCI/ Principal Place 1272 WYNDHAI APOPKA FL 32	ATED PROPERTIES, INC. e of Business if PINE DR	Mailing Address 1272 WYNDHAM PINE DR APOPKA FL 32712		<u> </u>	, ·	DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 04/02/1998 4. FEI Number 79-350 4906	SPACE App	ntied For Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 A		•
22 27 City & State City & State						6. Election Campaign Financing	\$5.00		Ì
23 28						Trust Fund Contribution	Added to		
Zip Country Zip				ntry		8. This corporation owes the current year intengible Personal Property Tax. Yes No			
24	9. Name and Address of Current		30			10. Name and Address of New Registered			
	8. Hallis and Addiess of Carlett	·		81 Nam	•				ļ
SANDLER, JACQUELINE C				82 Stree	t Addre	dress (P.O. Box Number is Not Acceptable)			
	WYNDHAM PINE DR		ł					/{	<u> </u>
APO	PKA FL 32712			83				1	
				84 City		FL	85 Zip C	1	ı
11. Pursuant office or r agent. I a	ARCHIELLAR (J.O., Syfrature, product or printed name of registered agent	end title if applicable. (NOTE:	Registered .			ration submits this statement for the purpose of his board of directors. I hereby accept the appoint when reinstating)			(86
12.	OFFICERS ANI	D DIRECTORS	1.1 TH		T	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition	<u> </u>
TITLE NAME	pres Tacqueline San		1.1 II			÷		_	×
STREET ADDRESS	Library Colonia in Field								
		~ ^ ·		REET ADORES	s				Щ
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8.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemplion 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.

OFFICER OR DIRECTOR

SIGNATURE:

CITY-ST-ZIP