FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000038873**1. Corporat on Name

ABACOA PROPERTIES, INC.

Principal Place of Business	Mailing Address
	4000 COUTH H C 1847

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90202 012 ***150.00



1300 South U. Jupiter FL (34	s Hwy one. Suite 203 177	4300 SOUTH U.S HWY C JUPITER FL 33477	4900 SOUTH U.S HWY ONE. SUITE 203 JUPITER FL 33477			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 04/28/1998		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied F	or	
<u>.</u>		26				65-0851113 Not Applie	able	
Suite, Art.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Ac dition	al	
2		27				5. Certificate of Status Desired Fee Required		
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Br Added to Fees		
Zip	Country 25	Zip 29	Cou	ntry		8. This corporation owes the current year I stangible Personal Property Tax.		
4	9. Name and Address of Cu					10. Name and Address of New Registere I Agent		
	3. Haire and 700.000 0. 00			81	Name			
BRODY, ROBERT 1601 FORUM PLACE			82	Street Ad:	dress (P.O. Box Number is Not Acceptable)			
	T PALM BEACH FL 33401			83				

				84	City	FL 85 Zip Code		
agent. I a	egistered agent, or both, in the S m familiar with, and accept the ol Signature, typed or printed have of registere	oligations of, Section 607.0505, F	-icrida Stati	лęs.		ration's board of cirectors. I hereby accept the appointment as registered as registered as registered as redistanced as registered as redistanced as red as redistanced as red a	- -	
		S ANE DIRECTORS	13.	rigen	1 aignaturo requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
12.	D	DELETE	1.1 TF	île.			Addition	
TITLE			12 N/					
NAME	NEHER, ELIZABETH J 4300 SOUTH U.S. HIGHWA	V ONE CHITE 202			ADDRESS			
STREET ADDRE 3S	JUPITER FL 33477	IT ONE, SOME 200	1.4 CI				ı	
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STREET ADDRESS								
OFFICE TIP	l .		■ 6.4 CI	IY-S	T-ZIP			

14. I heret y certify that the informa ion 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 changes, or on an attachment with an address, with all otherwise empowered.

SIGNATURE: