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

Mailing Address 192 RIDGE ROAD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

DOCUMENT # \$89687

1. Corporation Name

Principal Place of Business

4521 PGA BLVD.

4513 PROPERTIES, INC.

PALM BEACH GARDENS FL 33418			JUPITER FL 33477					DO NOT WRITE IN THIS SPACE								
US								3.	Date In	corporated	or Qualife	d				
									10/24	/1991						
2. Principal P	lace of Business		2a. Mailing A	ddress				4.	FEI Nu	nber					Appli	ed For
21			26						65-02	20623					Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt	. #, etc.						te of Status	Docirod			\$8.7	5 Ac	ditional
22			27					5 .	Certifica	le or Status	Desired			Fee	Req	ired
City & Stat	e		City & Sta	ate				6.	Election	Campaign	Financing	<i>-</i>		\$5.0)0 M	ay Be
23			28						Trust F	and Contrib	ution			Add	ed to	Fees
Zip	Count		Zip		Counti	ry		8.	This co	poration ov	ves the cu	irrent y	ear Inta	ingible		
24	25		29		30					al Property				☐ Yes		Mo
	9. Name and Addr	ess of Current	Registered Age	nt				10.	Name :	ind Addres	s of New	Regis	tere i /	Agent		
					8	1	Name									
	abeth J. Neher				8	2	Street Ad 1	ress (P	O Box	Number is	Not Acces	otable)				-
	RIDGE ROAD						0.00077427	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
JUPI	ITER FL 33477				8	3										
						+	City							85 Z	ip Cc	
					l°	4	City						FL	65 2	ip oc	
11 Pursuant	to the provisions of Se	tions 607.0502	and 607.1508. F	lorida Statul	es, the abo	ve-	named co	oration	submit	this stater	nent for th	e purp	ose of o	hanging	its re	gistered
office or r	enistered agent, or bot:	in the State of	Florida, Such ch	nange was a	utnorizea b	y u	ne corporati	on's bo	ard of d	rectors. I h	ereby acc	ept the	app sin	tment as	reg	stered
agent. I a	m familiar with, and ac	ept the obligation	ins of, Section 6	07.0505, FIC	nda Statute	es.										
SIGNATURE			- d Na - W W L -	alott.	Cogintared As	nent	signature require	od when re	inetation)				ATE			
	Signature, typed or printed nan	OFFICERS AND		(NOTE	13.	geni	signature require			NS/CHANG	SES TO C			D DIREC	TOR	S IN 12
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	,	ш			1.2 NAME											
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NAME	NEHER, ROBERT				2.2 NAME											
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CITY-ST-ZIP 14. 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 a light empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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

04-29-1999 90202 015 ***150.00