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Secretary of State

04-19-1999 90131 022 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V40294

1. Corporation Name
A TO Z PROPERTIES, INC.

Principal Place of Business
**4521 SW BIMINI CIRCLE
 PALM CITY FL 34990**

Mailing Address
**4521 SW BIMINI CIR N
 PALM CITY FL 34990
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

06/01/1992

4. FEI Number

65-0361925

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No **PAID**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZLINKOFF, ESTHER
 4521 SW BIMINI CIR
 PALM CITY FL 34990**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **VDSC**
 NAME **ZLINKOFF, NORMAN**
 STREET ADDRESS **4521 S.W. BIMINI CIRCLE**
 CITY-ST-ZIP **PALM CITY FL 34990**

1.1 TITLE **PDSC**
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **PTD**
 NAME **ZLINKOFF, ESTHER**
 STREET ADDRESS **4521 S.W. BIMINI CIRCLE**
 CITY-ST-ZIP **PALM CITY FL 34990**

2.1 TITLE **VTD**
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **VDSC**
 NAME **ZLINKOFF, NORMAN**
 STREET ADDRESS **4521 SW BIMINI CIR N**
 CITY-ST-ZIP **PALM CITY FL 34990**

3.1 TITLE **PDSC**
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **PTD**
 NAME **ZLINKOFF, ESTHER**
 STREET ADDRESS **4521 SW BIMINI CIR N**
 CITY-ST-ZIP **PALM CITY FL 34990**

4.1 TITLE **VTD**
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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.

SIGNATURE:

Esther Zlinkoff ESTHER ZLINKOFF - 4/16/99 (561) 286-1449
 PRES Date Daytime Phone #

CR2E034 (11/98)