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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 247716

1. Corporation Name

MORMEN REALTY & DEVELOPMENT CORPORATION

Principal Place of Business		Mailing Address	Mailing Address				• / • • • • • • • • • • • • • • • • • •			
327 SO. M. L. P	KING BLVD.	327 SO. M. L. KING BLVD.								
P.O. BOX 1873		P.O. BOX 1873				DO NOT WRITE IN THIS	CDACE	=		
DAYTONA BEACH FL 32115		DAYTONA BEACH FL 32115		-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
1						05/22/1961			ļ	
a Deinainal Di	ace of Business	2a. Mailing Address				4. FEI Number		TAnd	lied For	
	ace of Business	26				59-1158480	-	+	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8		dditional	
	m, 610.	27				5. Certificate of Status Desired		e Req		
City & State	9	City & State				6. Election Campaign Financing S5.00 May Be				
23		28				Trust Fund Contribution		lded to		
Zip	Country	Zip Country				8. This corporation owes the current year Inta	angible			
24	25 29 30					Personal Property Tax.	Yes	<u>; </u>	No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent			
	-		81	Nar	me					
CHERRY, CHARLES W.			82	Stre	eet Address	s (P.O. Box Number is Not Acceptable)				
623 ORANGE AVE			-		Street Address (F.O. Box Marriser to Mot Mosephane)					
DAY	TONA BEACH FL 32114		83							
			84	City			85	Zip C	ode	
_			i	1		FL ation submits this statement for the purpose of		•		
office or re agent. I as SIGNATURE	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	ia Statutes			s board of directors. I hereby accept the appoir	unen.	as reg	<u></u>	
42	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R ID DIRECTORS	13.	nt signat	ture required wi	ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOF	RS IN 12	
12.	D OFFICERS AN	□ DELETE	1.1 TITLE			ADDITIONO/OTFATOES TO OTF TOERO TAX	Cha		Addition	
NAME	CHERRY. CHARLES W		1.2 NAME							
STREET ADDRESS	623 ORANGE AVE		1.3 STREET	T ADDR	ESS					
CITY-ST-ZIP	DAYTONA BCH, FL 00000		1.4 CITY-S							
TITLE	V	☐ DELETE	2.1 TITLE				Cha	ange	Addition	
NAME	CHERRY, CHARLES W II		2.2 NAME							
STREET ADDRESS	623 ORANGE AVE		2.3 STREET	T ADDRE	ESS					
CITY-ST-ZIP	DAYTONA BCH, FL 00000		2. 4 CITY- S							
TITLE	S	☐ DELETE	3.1 TITLE				☐ Cha	ange	Addition	
NAME	CHERRY, GLENN W		3.2 NAME							
STREET ADDRESS	623 ORANGE AVE		3.3 STREE	T ADDRE	ESS					
CITY-ST-ZIP	DAYTONA BCH, FL 00000		3.4. CITY- S	ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE				Ch	ange	Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET	T ADDRE	ESS					
CITY-ST-ZIP	· i		4.4 CITY-S	T-ZIP						
TITLE	,	☐ DELETE	5.1 TITLE				☐ Ch	ange	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET		ESS	·				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE				Chi	ange	☐ Addition	
NAME			6.2 NAME							

14. I hereby certify that the information supplied with this filling 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 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 trustate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90022 024 ***150.00

904/258-1889