

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90105 038 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 353640

1. Corporation Name
MINIERI REALTY OF FLORIDA, INC.

Principal Place of Business
6709 RIDGE ROAD STE 200
PORT RICHEY FL 34668-3890

Mailing Address
6709 RIDGE ROAD STE 200
PORT RICHEY FL 34668-3890

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/10/1969

4. FEI Number
22-1906107

2. Principal Place of Business
 21 **2739 U.S. Hwy 19**

2a. Mailing Address
 26 **P.O. Box 2108**

22 **SUITE 201**

27
 28 **ELFERS, FL**

23 **HOLIDAY, FL**

29 **34680-2108** 30 **USA**

24 **34691** 25 **USA**

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

9. Name and Address of Current Registered Agent

HUDSON, JOHN E.
6709 RIDGE ROAD
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
2739 U.S. HWY 19, SUITE 201
 83
 84 City **HOLIDAY** FL 85 Zip Code **34691**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **S SILVA, SUSAN**
 STREET ADDRESS **6709 RIDGE RD**
 CITY-ST-ZIP **PORT RICHEY FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **2739 U.S. HWY 19, SUITE 201**
 1.4 CITY-ST-ZIP **HOLIDAY, FL 34691**

TITLE DELETE
 NAME **PD HUDSON, JOHN**
 STREET ADDRESS **6709 RIDGE ROAD**
 CITY-ST-ZIP **PORT RICHEY FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **2739 U.S. HWY 19, SUITE 201**
 2.4 CITY-ST-ZIP **HOLIDAY, FL 34691**

TITLE DELETE
 NAME **VT NORTON, DAVID C**
 STREET ADDRESS **6709 RIDGE ROAD**
 CITY-ST-ZIP **PORT RICHEY FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **V SLEEMAN, GEORGE**
 STREET ADDRESS **6709 RIDGE ROAD**
 CITY-ST-ZIP **PORT RICHEY FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)