PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 377371

ASSURED REALTY, INC.

Principal Place of Business

Mailing Address

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90059 003 ***150.00



3517 S ORANGE BLOSSOM TRAIL 3517 S ORANGE BLOSSOM ORLANDO FL 32839-8973 ORLANDO FL 32839-8973		FRAIL	DO NOTAKON	FE IN TUIC COACE		
	•				TE IN THIS SPACE	
		•		3. Date incorporated or Qualifed 02/19/1971		
2. Principal Pl	ace of Business	2a. Mailing Address	100016	4. FEI Number	A	oplied For
Z1	~ · · · · · · · · · · · · · · · · · · ·	26 /- () - Dock	79-50-4-1	59-1444263	-sN	ot Applicable
Suite, Apt,	#, etc.	Suite Apt. #, etc.	1 67	5. Certifcate of Status Desired	11	Additiona'
22	<u></u>	27 / 1/2	w, rya	S. Odimono in Glatos Deaned	Fee R	equired
City & State)	City & State	70-	6. Election Compaign Financing		May Be -
23		28 32857	1XMan	Trust Fund Contribution	Added	to Fees
Zip	Country	_ Zip 3247 _	_Country /	8. This corporation owes the curre		
24	25	29 3	0	Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent	
OI ID	DV OLIADI ENE E		81 Name	URRY ("HARI	ENE. I	Ì
CURRY, CHARLENE F 82 Street Address (P. O'Box Number is Not Acceptable)						
3517.S OHANGE BEUSSOM HARE - 1700						
OKL	ANDO FL 32805	SAWYERWOOD!	11/2 83 /2	(1) SAUN	CRUMIN	27111/1
	,	O.1' EAS	278 20 6	MAN TO THE	asi Zin	CO(8 / C)
	(Mando, la	WOOD July	(Xrlando /	FL 「"数	859
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above named of	orporation submits this statement for the	purpose of charging its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was autr ons of, Section 607,0505. Florid	ronzed by the corpor a Statutes.	ration's board of directors. I hereby accep	тив арронилентаз ге	Alzesen
	jajjima. viiti, and atoapt and outiger					}
SIGNATURE	Signature, typed or printed name of registered agent a	and little If applicable. (NOTE: 94	gistered Agent signature re		DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		
TITLE	PD	☐ DELETE	1.1 TITLE	C) HA PHERE E	Change	Addition =
NAME	CURRY,CHARLENE F		1.2 NAME	CATAMENE	UKRY A	1/2 3
STREET AD TRESS	3517 S.ORANGE BLOS. TR.		1.3 STREET ADDRESS	1502 SAWYEL	R WOOD DO 12	DA PROBLEM
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CITY-ST-ZF			2.4 CITY-ST-ZIP			
πLE		☐ DELETE	3.1 TITLE		Change	Addit on
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STREET ADDRESS	· -		3.3 STREET ADDRESS	a		
CTY-ST-ZIP		'	34 CITY-ST-ZIP			:]
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STREET ADDRESS			4.3 STREET ADDRESS			f
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STREET ADDRESS			5.3 STREET ADDRESS		•	1
			5.4 CITY-ST-ZIP			\
CITY-ST-ZIP	*** * * * ***	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
	16	المستور الم	62 NAME		•	_ ;
NAME	nga sa sa na		6.3 STREET ADDRESS			{
STREET ADDRESS	u Valleti (F. 18-17)		84 CITY-ST-ZIP	• •		1.
CITY-ST-ZIP			0.5 UIT-31-4F			

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 expect 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 doporation 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 12 if charges or on any attachment without address, with all other high empowered.

SIGNATURE