Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90099 012 \*\*\*150.00

## 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 # 415902

1. Corporation Name

THE FINDERS REALTY, INC.

| Principal Place of Business  |  | Mailing Address                    |                               |                         |   |                                    |                        |  |
|------------------------------|--|------------------------------------|-------------------------------|-------------------------|---|------------------------------------|------------------------|--|
| 330 MYRTICE AVENUE #47       |  | 330 MYRTICE AVE                    |                               |                         |   |                                    |                        |  |
| MERRITT ISLAND FL 32953-4816 |  | #47                                |                               |                         | DO NOT WRITE IN THIS SPACE  |                                    |                        |  |
| US                           |  | MERRITT ISLAND FL 32953-4816       |                               |                         | 3. Date Incorporated or Qualifed  |                                    |                        |  |
|                              |  | US                                 |                               |                         |   |                                    |                        |  |
|                              |  |                                    |                               |                         | 01/03/1973  |                                    | -lind Con              |  |
| 2. Principal Pl              | ace of Business                                      | 2a. Mailing Address                |                               |                         | 4. FEI Number   |                                    | plied For              |  |
| 21                           |  | 26                                 |                               | 59-1434436              |   | t Applicable                       |                        |  |
| Suite, Apt. #, etc.          |  | Suite, Apt. #, etc.                |                               |                         | 5. Certifcate of Status Desired   | <b>\$8.75</b> A<br>Fee Re          |                        |  |
| 22                           |  |                                    |                               |                         |   |                                    | <u> </u>               |  |
| - City & State               |  | City & State                       |                               |                         | 6. Election Campaign Financing  | \$5.00                             |                        |  |
| 23                           |  | 28                                 |                               | Trust Fund Contribution | Added to  | o Fees                             |                        |  |
| Zip                          | ·  |                                    | Country                       |                         | This corporation owes the current year Ir   | ıtangible                          | <b>5</b>               |  |
| 24                           | 25 29 30   |                                    | <u> </u>                      |                         | Personal Property Tax.  |                                    | No                     |  |
|                              | 9. Name and Address of Current                       | Registered Agent                   |                               |                         | 10. Name and Address of New Registered  | l Agent                            |                        |  |
|                              |  |                                    | 81                            | Name                    |   |                                    |                        |  |
|                              | DER, JACK R.   |                                    | 82                            | Street A                | Idress (P.O. Box Number is Not Acceptable)  |                                    |                        |  |
| 330                          | MYRTICE AVENUE                                       | <b>102</b> 344                     |                               | Olleer                  | dices (i .e. box rumber to recreating   |                                    |                        |  |
| MER                          | RITT ISLAND FL 32953                                 |                                    | 83                            |                         |   |                                    |                        |  |
|                              |  |                                    | 84                            | City                    |   | 85 Zip C                           | Code                   |  |
|                              |  |                                    | -                             | 1                       | <u>F</u> I  | <u> </u>                           |                        |  |
| office or re                 | egistered agent, or both, in the State o             | i Florida. Such change was auth    | iorized D\                    | the corpor              | orporation submits this statement for the purpose cation's board of directors. I hereby accept the appo | if changing its<br>pintment as rec | registered<br>gistered |  |
| agent. I ar                  | m familiar with, and accept the obligation           | ons of, Section 607.0505, Florida  | a Statute:                    | 5.                      |   |                                    | ļ                      |  |
| SIGNATURE                    | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: Re | gistered Age                  | nt signature req        | uired when reinstating) DATE  |                                    |                        |  |
| 12. OFFICERS AND DIRECTORS   |  |                                    | 13.                           |                         | ADDITIONS/CHANGES TO OFFICERS A   | ND DIRECTO                         | RS IN 12               |  |
| TITLE                        | PD   | ☐ DELETE                           | 1.1 TITLE                     |                         |   | ☐ Change                           | ☐ Addition ↓           |  |
| NAME                         | SNYDER, JACK R.                                      |                                    | 1.2 NAME                      | [                       |   |                                    | ļ                      |  |
| STREET ADDRESS               | 1975 NO TROPICAL TRAIL                               |                                    | 13STRF                        | TADDRESS                |   |                                    |                        |  |
|                              | MERRITT ISLAND FL                                    |                                    | 1.4 CITY-                     |                         |   |                                    | ŀ                      |  |
| CITY-ST-ZIP                  |  | ☐ DELETE                           | 2.1 TITLE                     | 51-21                   |   | Change                             | Addition               |  |
| TITLE                        | SD NACK D  | G SEELE 1                          |                               | 1                       |   |                                    | _ }                    |  |
| NAME                         | SNYDER, JACK R.                                      |                                    | 2.2 NAME                      |                         | 2. 45   |                                    |                        |  |
| STREET ADDRESS               | 1975 NO TROPICAL TRAIL                               | •                                  |                               | TADDRESS                |   |                                    |                        |  |
| CITY-ST-ZIP                  | MERRITT ISLAND FL                                    |                                    | 2. 4 CITY-                    | ST-ZIP                  |   | Change                             | Addition               |  |
| TITLE                        | TD ·   | ☐ DELETE                           | 3.1 TITLE                     |                         |   | Change                             | ☐ Addition             |  |
| NAME                         | SNYDER, JACK R.                                      |                                    | 3.2 NAME                      |                         |   |                                    |                        |  |
| STREET ADDRESS               | 1975 NO TROPICAL TRAIL                               |                                    | 3.3 STREE                     | TADDRESS                |   |                                    |                        |  |
| CITY-ST-ZIP                  | (1)21  |                                    | 3.4. CITY-                    | ST-ZIP                  |   |                                    | <u></u>                |  |
| TITLE                        |  | ☐ DELETE                           | 4.1 TITLE                     |                         |   | Change                             | ☐ Addition             |  |
| NAME                         | · ·  |                                    | 4. 2 NAME                     |                         |   |                                    | i                      |  |
| STREET ADDRESS               |  |                                    | 4.3 STREE                     | TADORESS                |   |                                    | ļ                      |  |
| J I                          | •  |                                    | 4.4 C/TY-                     | ST-ZIP                  |   |                                    | i                      |  |
| CITY-ST-ZIP                  |  | ☐ DELETE                           | 5.1 TITLE                     |                         |   | Change                             | Addition               |  |
| [                            |  | _                                  | 5.2 NAME                      |                         |   | •                                  | ĺ                      |  |
| NAME                         |  |                                    | 5.3 STREE                     | TADDRESS                |   |                                    | \                      |  |
| STREET ADDRESS               |  |                                    | 5.4 CITY-                     | 1                       |   |                                    | ļ                      |  |
| CITY-ST-ZIP                  |  |                                    | 6.1 TITLE                     |                         |   | ☐ Change                           | Addition               |  |
| TITLE                        |  | □ VELETE                           | 6.2 NAME                      |                         |   |                                    |                        |  |
| NAME ***                     |  |                                    |                               |                         | •   |                                    |                        |  |
| STREET ADDRESS               |  |                                    | <ul> <li>6.3 STREE</li> </ul> | T ADDRESS               |   |                                    |                        |  |

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 ampowered 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP