03-02-1999 90109 043 ***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

 Corporation 	AN ESTATES, INC.				
Principal Place	of Business	Mailing Address		4 INCIN BIRDI (120) INION BIRDO INIO ANDI	AIBIT ATAIT ATAIT AFAIL AIAIT INAI
2208 S.E. 8TH AVENUE				DO NOT WRITE IN THE	S SPACE
ONELG ROBLE 1	2 07070	0,,220,,002,007		3. Date Incorporated or Qualifed 02/07/1973	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1461312	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Country 30	This corporation owes the current year In Personal Property Tax.	ntangible □ Yes □ No
24	9. Name and Address of Curre			10. Name and Address of New Registered	l Agent
PEARSON, L. M. 2208 S.E. 8TH AVENUE, P.O. BOX 131 OKEECHOBEE FL 34973			81 Name 82 Street Ad	idress (P.O. Box Number is Not Acceptable)	
			83	<u> </u>	
			84 City	FI	
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was au ations of, Section 607.0505, Flori	thorized by the comor?		millineni. as registered
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ATTAWAY, JAMES O.		1.2 NAME		
STREET ADDRESS	810 SE 6TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34974		1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addison
NAME	PEARSON, L.M.		2.2 NAME		
STREET ADDRESS	2208 SE 8TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34973	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE	V .	DETE	3.1 TILE 3.2 NAME		
NAME	Butler, George H. P.O. Box 1757 N/A		3.3 STREET ADDRESS		ļ
STREET ADDRESS	RUTHERFORD NC 28139				ļ
CITY-ST-ZIP TITLE	HOTTIERI OND NC 20133		3.4. CITY-ST-ZIP		☐ Change ☐ Addition
NAME		· -	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	_	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
OTDEET ADDRESS			6 3 STREET ADDRESS		1

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP