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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90027 037 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 439321

1. Corporation Name
FIESTA PROPERTIES, INC.

Principal Place of Business

**14255 ROSEMARY LANE
8105
LARGO FL 33774
US**

Mailing Address

**14255 ROSEMARY LN
8105
LARGO FL 33774
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1973

4. FEI Number

59-1547400

Applied For

Not Applicable

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

**ESHLEMAN, IVAN
14255 ROSEMARY LN 8105
LARGO, FL
34644**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

1-19-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **SMITH, PAULINE**
STREET ADDRESS **6425 ULMERTON ROAD**
CITY-ST-ZIP **LARGO, FL 00000**

TITLE **TD** ☐ DELETE
NAME **ESHLEMAN, IVAN**
STREET ADDRESS **14255 ROSEMARY LANE 8105**
CITY-ST-ZIP **LARGO FL**

TITLE **PD** ☐ DELETE
NAME **FARNSWORTH, M H**
STREET ADDRESS **6495 128TH STREET**
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **SD** ☐ DELETE
NAME **MCBRIDE, HAROLD**
STREET ADDRESS **1889 OAK PARK NORTH**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DECEASED 12-12-98

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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

1-20-99

Date

Daytime Phone #

CR2E034 (11/98)