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 # 458318

1. Corporation Name					*		
H.H. BASKIN SR., RENTAL PROPERTIES, INC.							
וויווי טר	ONIN OH, HENTAL I HOFEN	HILO, HAO.	,		* 188111 \$(881 \$11\$) 1818 (1181 1181 1181	B. B. C. B. G. C. G. G. G. G. G. C.	######################################
						818)(818); BJE1 018)) P	
Principal Place of Business Mailing Address							
703 COURT STREET CLEARWATER FL 34616 CLEARWATER FL 34616 CLEARWATER FL 34616							
					DO NOT WRITE IN	THIS SPACE	
					DO NOT WRITE IN 3. Date Incorporated or Qualifed	I MIS SPACE	
					· 1		
Principal Place of Business 2a. Mailing Address					√ 07/22/1974 49 FEI Number		
 						<u> </u>	pplied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-1557374		ot Applicable
					5. Certificate of Status Desired	\$8.75 A	Additional equired
22							<u> </u>
				6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to 6			
23 Zin	Country	28 Zip	Country		Trust Fund Contribution		o rees
·				Country 8. This corporation owes the current year Intangit		ar Intangible ☐ Yes	□No
24	9. Name and Address of Current		30		Personal Property Tax. 10. Name and Address of New Register		
	5. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registi	Hed Agent	
JENNINGS, THOMAS 703 COURT STREET CLEARWATER FL 33756			[.	110/110			
			82	Street Add	Address (P.O. Box Number is Not Acceptable)		
			-		اليومية العصرية والمحاجزة المحاجزة المحاجزة المحاجزة المحاجزة المحاجزة المحاجزة المحاجزة المحاجزة المحاجزة الم المحاجزة المحاجزة ال	3 **** 2 * 2 * 3 * 4 * 5 * 5 * 5 * 5 * 5 * 5 * 5 * 5 * 5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-			83			建进口机	
ļ			84	City		≟. [85] Zip C	Code
						<u> </u>	
11. Pursuant	to the provisions of Sections 607.0502	? and 607.1508, Florida Statute	s, the above	e-named corp	poration submits this statement for the purpo- on's board of directors. I hereby accept the a	se of changing its	registered
agent. I a	am familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statutes	i,	orts board of directors. Thereby accept the a	ippointment as ret	gistored
SIGNATURE					•		
				nt signature require	d when reinstating) DA1		
12.	OFFICERS ANI	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICER		RS IN 12 Addition
TITLE	LYON, CYNTHIA B.	C) DELETE	1.1 TITLE		,	☐ Change	
NAME	763 SAILFISH DRIVE		1.2 NAME				
STREET ADORESS	· ·		1.3 STREET				
CITY-ST-ZIP	FT. WALTON BEACH FL	☐ OELETE	1.4 CITY-ST	T-ZIP			
TITLE	STD	□ DELETE	2.1 TITLE			☐ Change	Addition
NAME	BASKIN, JR., H. H.		2.2 NAME		<u>:</u>		
STREET ADDRESS			2.3 STREET	ADDRESS		` `	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-S	IT-ZIP	·		
TITLE :- '	VPD	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	BASKIN, JOYCE S		3.2 NAME				
STREET ADDRESS	703 COURT STREET		3.3 STREET	ADDRESS	A Same Company	Nga sa	E 65, 40
CITY-ST-ZIP	CLEARWATER FL 33756		3.4. CITY-S	T-ZIP			
TITLE	VPD	☐ DELETE	4.1 TITLE		e de la companya de l	Change	Addition
NAME	LYON, WILLIAM E		4. 2 NAME				-
STREET ADORESS	763 SAILFISH DRIVE		4.3 STREET	ADDRESS			}
CITY-ST-ZIP	FT. WALTON BEACH FL		4.4 CITY-ST	r-ZiP			
TITLE		☐ DELETE	5.1 TITLE		· · ·	☐ Change	☐ Addition
NAME			5.2 NAME		118 18 18 18 18 18 18 18 18 18 18 18 18		
STREET ADDRESS	·		5.3 STREET	ADDRESS			1
CITY-ST-ZIP	 :-		5.4 CITY-ST	r-zip	$\mathcal{L}_{i} = \mathcal{L}_{i}^{\mathbf{T}}$		1
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				1
STREET ADDRESS	[14:56 1		6.3 STREET	ADDRESS			i

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 compration or the receiver or truster impowered 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 attachpent with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 25 99 727-441-4550

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90061 025 ***158.75

CR2E034 (11/98)