## 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	#	491	052
1 Corporation Name	••	43 I	

FORTE PROPERTIES, INC.

## **FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90079 019 \*\*\*150.00



1000 WEST AVENUE MIAMI BEACH FL 33139  DO NOT WRITE IN THI:  3. Date Incorporated or Qualifed 03/02/1976  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1724850  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certifcate of Status Desired □		
DO NOT WRITE IN THI  3. Date Incorporated or Qualifed  03/02/1976  2. Principal Place of Business  2a. Mailing Address  4. FEI Number  59-1724850  Suite, Apt. #, etc.  5. Certificate of Status Desired □		
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5. Certificate of Status Desired LI	<del></del>	ot Applicable
	\$8.75 / Fee Re	
	<del>-</del>	
City & State City & State 6. Election Campaign Financing	\$5.00	
28 Trust Fund Contribution	Added	to rees
Zip Country Zip Country 8. This corporation owes the current year in		ГПы-
25 29 30 Personal Property Tax.	Yes	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered	Agent	
FORTE IOUNI	. "'.	
FORTE, JOHN  82 Street Address (P.O. Box Number is Not Acceptable)		
1000 WEST AVENUE		
MIAMI BEACH FL 33139	2	
84 City	85 Zip (	Code
FI		0000
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or protect name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE	·	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE PD DELETE 1.1 TITLE	☐ Change	☐ Addition
TOPET JOIN		_
VIII. 1997 1997 1997 1997 1997 1997 1997 199		
CITY-ST-ZIP MIAMI BEACH FL 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE 2.1 TITLE	Change	Addition
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STREET ADDRESS	☐ Change	Addition  Addition

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 AND TYPED OR PRINTED NAME OF SI

JUHN FORTE)