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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90009 033 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

LOUIS INSEPH REALTY INC

LOUIS J	OSEFFI NEALTT, INC.							
Principal Place	e of Business	Mailing Address		r	1981) BIBIO 19188 1181 1811 B		il a in a lain a lain i	ilen gråll ing:
1630 MEDICAL		1335 FLORIDA AVE.			•			•
C	LANE	FT. MYERS FL 33901-7707						
FT. MYERS FL 33907					DO NOT WRITE IN THIS SPACE			
US					3. Date Incorporated or Qualifed			
					01/19/1976			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			plied For
21		26			59-1713669			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
22 27								
City & State City & State				6. Election Campaign Financing		\$5.00		
23		28	Country		Trust Fund Contribution		Added t	to rees
Zip	Country	Zip	Country		8. This corporation owes the cur	rent year In	angible Yes	□No
24	25		30		Personal Property Tax. 10. Name and Address of New I	Ranistarad		
	9. Name and Address of Curre		81 Name		o. Hame and Address Of New I	regioni 60	rigoni	*
ansi 💐 Josi	SEPH, LOUIS	•				•		
1051335	5 FLORIDA AVE.		82 Stree	t Address	(P.O. Box Number is Not Accept	able) ˌ、.		
	MYERS FL		83		1.64 % 2.3 w 1.94 % 5.1 feb. 2.4 s	17 1 1 1 11	9 3 1 2 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ARCO BORGER
	MILIO I E		05				翻的说	4 3 1 3 5
ı			84 City			Fi	85 Zip (Code
11 Dureuant	to the provisions of Sections 607.05	502 and 607 1508 Florida Statute	s the above-name	d corporat	tion submits this statement for the	nurpose of	changing its	registered
LI Fulsualit	registered agent, or both, in the Stat	te of Florida. Such change was au	thorized by the cor	poration's	board of directors. I hereby acce	pt the appo	intment as re	gistered
agent la	am familiar with, and accept the oblig	gations of, Section 607.0505, Flori	ida Statutes.	,	-			
agent. La	am familiar with, and accept the obliq	gations of, Section 607.0505, Flori	ida Statutes.					
SIGNATURE	am familiar with, and accept the oblig	gations of, Section 607.0505, Flori gent and title if applicable. (NOTE:	Ida Statutes. Registered Agent signature		en reinstating) 🔒 💥 👸	DATE		
agent. I a SIGNATURE 12.	am familiar with, and accept the oblic Signature, typed or printed name of registered as OFFICERS A	gations of, Section 607.0505, Flori gent and title if applicable (NOTE: AND DIRECTORS	Registered Agent signature		en reinstating) , , , , , , ; ; ; ; ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered at OFFICERS A	gations of, Section 607.0505, Flori gent and title if applicable. (NOTE:	Registered Agent signature 13. 1.1 TITLE		en reinstating) 🔒 💥 👸	DATE		
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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 an other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP