**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	528653
1. Corporation Name	02000

CHERRY LANE ESTATES, INC.

Mailing Address Principal Place of Business CAN LOWIS D MILLEDGE ID

CAN LEME D MILLEDGE ID

02-24-1999 90025 042 \*\*\*150.00

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56101 S W 761	TH'STREET	6101 SW 76TH STREET		DO NOT WRITE II	N TUIC CDACE	
-SOUTH-MIAMIA	Y FLT33143	SOUTH MIAMI FL 33143			TING SPACE	
-US-		US		3. Date Incorporated or Qualifed		
				03/03/1977		
	lace of Business	2a. Mailing Address	يت بهي .ه	4. FEI Number	<del>  -   · · ·</del>	plied For .
21 <u>470</u>	0 5.W: 74th She	126 4700 S.	w. 7425	deel 59-1729438	Not	t Applicable
Suite, Apt.	#, etc. "	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Fee Rec	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00	Maý Be
23 SOU			liami, Fl	Trust Fund Contribution	Added to	Fees
Zip 24 33:	Country 147 [25] () <	zip 29 33143 3	Country /	This corporation owes the current y Personal Property Tax.		□No
	9. Name and Address of Current		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Regis	tered Agent	
<del></del>			81 Name			
MILL	edge, Lewis D Jr			,		
	LS.W.76TH STREET _4-700	5.42. 74th 5	82 Street	Address (P.O. Box Númber is Not Acceptable)		<b>!</b>
	TH MIAMI FL 33143	7000	83	700 Siw 74th Sti	<u>ee/</u>	
	20		03	,*		
	·		84 City	13	85 Zip C	
<u></u>				South Miams		143
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, of Florida, Such change was auth	, the above-named	corporation submits this statement for the purp oration's board of directors. I hereby accept the	ose of changing its f appointment as rec	registerea iistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statutes.	ordinary books or disposition in the body sectors and	трро	,
SIGNATURE						
SIGNATORE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	egistered Agent signature r		ATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	ROLLINS, WILBUR C.		1.2 NAME		•	ł
STREET ADDRESS	3044 RIPPLING BROOK WAY		1.3 STREET ADDRESS	,		
CITY-ST-ZIP	SPRING HILL FL 34606		1.4 CITY-ST-ZIP			
TITLE	0.11110	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME			2.2 NAME			}
			2.3 STREET ADDRESS	,		1
STREET ADDRESS			3			
CITY-ST-ZIP		DELETE	2.4 CITY+ST-ZIP		☐ Change	Addition
TITLE		□ pere ie	3.1 TITLE		~~ ~~ ∪ traingo	
NAME			3.2 NAME	'		
STREET ADDRESS			3.3 STREET ADDRESS			j
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETÉ	4.1 TITLE	<i>'</i>	☐ 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			52 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			ľ
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
j			6.2 NAME			
NAME			ì		•	
STREET ADDRESS			6.3 STREET ADDRESS			

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: