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PROFIT CORPORATION ANNUAL REPORT 1999



Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am FLORIDA DEPARTMENT OF STATE **Katherine Harris Secretary of State**

02-18-1999 90122 040 ***150.00

1. Corporatio	MENT # 545296 ATER CENTURY REALTY, IN			02-13-1999 90122 040		
Principal Plac	e of Business	Mailing Address		* I SOURDE OLINE DESIGN DESIGN FINEN FORTO DESIGNATION OF THE SECTION OF THE SECT	F 01011 VIVIL WANT VI	IEII BIBII IBBI
520 D STREET		P.O. BOX 717		,		
SUITE A		CLEARWATER FL 33757-071	7			
CLEARWATER FL 33756 US				DO NOT WRITE IN THIS SPACE		
US				3. Date incorporated or Qualifed		1
				09/15/1977 4.: FEI Number	1 1	. K. d. C
	Place of Business	2a. Mailing Address		1	 	blied For Applicable
21 Suite Act	# nto	Suite, Apt. #, etc.		59-1769027	\$8.75 A	
Suite, Apt.	#, etc.	27		.5. Certifcate of Status Desired .	Fee Re	
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00	·
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible	
24	25	— · ·	30	Personal Property Tax.		□No
	9. Name and Address of Currer			10. Name and Address of New Registere	d Agent	
			81 Name			
MAL	Lory, george L.		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
1375 SO FT.HARRISON		02 Street Add	diess (F.O. DOX Number is Not Acceptable)			
CLE	ARWATER FL 33516		83	1		
			84 City		. 85 Zip C	`ode
			City	F		,000
11. Pursuant	to the provisions of Sections 607.050	12 and 607.1306, Florida Statute	S, the above-hamed cor	poration submits this statement for the perpese	or distinging ito	.09.0.00
agent. I a	am familia with, and accept the obliga	ation of, Section 607.0505, Flori	thorized by the corporat	tion's board of directors, I nereby accept the app	ointment as reg	gistered
agent. I a	am familia with, and accept the obligation of registered age	ation of, Section 607.0505, Flori	thorized by the corporation of t	ion's board of directors, i nereby accept the app	- 91	Jistered
agent. I a	am familia with, and accept the obligation of registered age	ation of, Section 607.0505, Flori mt and title if applicable. (NO E:	thorized by the corporation Statutes. Registered Agent signature requires	tion's board of directors, I nereby accept the app	- 91	Jistered
agent. I a SIGNATURE 12.	am familiar with, and accept the obligation of registered age OFFICERS AN	ation of, Section 607.0505, Flori int and little if applicable. (NO E: ND DIRECTORS	thorized by the corporation of t	ion's board of directors, i nereby accept the app	AND DIRECTOR	RS IN 12
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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 or an attachment with an address, with all other like empowered.

SIGNATURE: