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 # 557082 1. Corporation Name

PALM COAST PROPERTIES, INC.

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90155 013 ***150.00



Principal Pla	ce of Business	Mailing Address				r samens mister samer Maries salism sidt delder diller delder delder delder diller fider			
1269 HARBORSIDE DR.		11269 HARBORSIDE DR.							
ARGO FL 33773 S		LARGO FL 33773							
		U\$				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 12/15/1977			
2. Principal F	Place of Business	2a. Mailing Address	2a, Mailing Address			4. FEI Number Applied For			
		26				59-1784512	 	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_ \$8.75 Additional			
2]		27				5. Certificate of Status Desired Fee Required			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
Zip Country		28				Trust Fund Contribution Added to Fees			
7 ip	Country	Zip		untry		8. This corporation owes the current year Ir	ntangible		
.1	9. Name and Address of Curr	29	30	т—		Personal Property Tax.	Yes	□No	
·	3. Name and Address of Culf	ent Registerea Agent		81	None	10. Name and Address of New Registered	Agent		
ROS	ENBLUTH, JON E.			01	Name				
	9 HARBORSIDE DR.			82	Street Add	treet Address (P.O. Box Number is Not Acceptable)			
	GO FL 33773			Щ					
	•			83			•		
				84	City		85 Zi	p Code	
4 Dimeriant	A-41			\perp		Fl	1 1 1		
					named corp	poration submits this statement for the purpose o on's board of directors. I hereby accept the appo	f changing	its registered	
agent. I a	m familiar with, and accept the obliq	gations of, Section 607.0505, Flo	rida Stati	utes.	е согрогам	on's board of directors. I hereby accept the appo	intment as	registerea	
IGNATURE									
2.	Signature, typed or printed name of registered ac			Agent s	ignature require	d when reinstating) DATE			
rle	OFFICERS AND DIRECTORS DELETE		_	13.		ADDITIONS/CHANGES TO OFFICERS A			
ME	ROSENBLUTH, JON E.		1.1 T(1			,	Change	● ☐ Addition	
REET ADDRESS	11269 HARBORSIDE DR.		1.2 NA						
	LARGO FL			REETAL	- 1				
TY-ST-ZIP LE	VS	☐ DELETE		TY-ST-Z	IP				
ME	ROSENBLUTH, SUSAN L.	☐ DELETE	2.1 TIT		ļ		☐ Change	☐ Addition	
	11269 HARBORSIDE DR.		2.2 NA	-				l	
REET ADDRESS	LARGO FL		1	REET AC	ļ	man e			
Y-ST-ZIP LE	LANGO FL			TY-ST-Z	'IP				
		☐ DELETE	3.1 TIT				☐ Change	Addition	
ME BEET ADDDESS			3.2 NA						
REET ADDRESS			3.3 ST	REETAD	DRESS			i	
Y-ST-ZIP LE				TY-ST-Z	îP .				
WE		☐ DELETE	4.1 TIT				Change	Addition	
1			4. 2 NA					i	
REET ADDRESS			4.3 STF	REET AD	DRESS				
Y-ST-ZIP			_	Y-ST-ZI	Р				
AE .		☐ DELETE	5.1 TITI		ĺ		☐ Change	☐ Addition	
REET ADDRESS			5.2 NA			, .			
				REETAD	1			t	
Y-ST-ZIP	<u> </u>	C BELETE		Y-ST-ZI	-				
E		☐ DELETE	6.1 TITL				☐ Change	☐ Addition	
AE			6.2 NAM						
EET ADDRESS			6.3 STR	RÉET ADI	DRESS				
/-ST-ZIP			6.4 CITY	Y-ST-ZIF	>				

4. 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.