FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90012 032 ***150.00

SANTA FE REALTY, INC.							
Principal Place of Business	Mailing Address				ingli kan oning di	ifici fildir fildir d	HEM GERN FERN
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110 NE 1ST AVE HIGH SPRINGS FL 32643	P O BOX 728 HIGH SPRINGS FL 32655						
US US				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualife	d		
				<u>06/26/1978</u>			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		ļ	plied For
21	26			59-1833894	,		t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
22	27					Fee Re	
City & State	City & State			6. Election Campaign Financing	, 🗆	\$5.00	
23	28	<u> </u>		Trust Fund Contribution	<u> </u>		o Fees-
Zip Country	Zip	Country		8. This corporation owes the cu	rrent year int	angibie □Yes	□No
24 25	29	30		Personal Property Tax. 10. Name and Address of New	Registered		
9. Name and Address of Current	Kadistalan Wanit	81 Nar	 ne	TO. Marie and Address of Note	g.o.o.o.		
HANDLER, LORRAINE							
110 NE 1ST AVE		82 Stre	et Addres	ss (P.O. Box Number is Not Accep	table)		
HIGH SPRINGS FL 32643		83	_			, _	
110110111110010							
		84 City	,		FL	85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502	and 607 1508 Florida Statut	e the above-nam	ed corner	ration submits this statement for th	e purpose of	changing its	registered
office or registered agent, or both, in the State of	of Florida. Such change was a	utnonzed by the co	orporation	's board of directors. I hereby acc	ept the appoi	ntment as re	gistered
agent. I am familiar with, and accept the obligati	ions of, Section 607.0505, Flor	ida Statutes.					
agent. I am familiar with, and accept the obligati		ida Statutes.			DATE		`
agent. I am familiar with, and accept the obligation of signature, typed or printed name of registered agent	t and title if applicable. (NOTE	Registered Agent signate				ID DIRECTO	DRS IN 12
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CITY-ST-ZIP 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 any attachment with any address, with all other like empowered.

SIGNATURE: