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 # 612926

1. Corporation Name

CORONADO PROPERTIES, INC.

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90027 017 ***150.00



	. <u></u> .	<u> </u>			
Principal Place of Business Mailing Address					
2000 DUNE CIRCLE 2000 DUNE CIRCLE					
NEW SMYRNA E	BCH FL 32169-2022	NEW SMYRNA BCH FL 32169-	NEW SMYRNA BCH FL 32169-2022		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
;					T
1					03/14/1979
		2a. Mailing Address	ling Address		4. FEI Number Applied For
<u></u>		26			59-1893254 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22					5. Certificate of Status Desired Fee Required
City & State . —		.City & State	به شار		6. Election Campaign Financing \$5.00 May Be
23 28		28			Trust Fund Contribution Added to Fees
Zip '	Country	Zip	Country	4	This corporation owes the current year Intangible
24	25	29 30	ol		Personal Property Tax. Yes No
	9. Name and Address of Curren	t Registered Agent		,	10. Name and Address of New Registered Agent
-			81	Name	9
MULBRY, WALTER JR.			82	Street	t Address (P.O. Box Number is Not Acceptable)
2000 DUNE CIRCLE			02	Sueer	Address (F.O. Box Number is Not Acceptable)
NEW SMYRNA BEACH FL 32169			83	1	
,					
,			84	City	FL 85 Zip Code
4. D. Abyth a principle of Continue COZ 0502 and COZ 1509. Elegido Statutos the above named compretion submits this statement for the purpose of changing its registered					
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's positions, i neleby accept the appointment as registered.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature Note: Registered Agent signature required when reinstating DATE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS			13.	- alginatura n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1,1 TITLE		Change Addition
i . I		C 5111.1	1.2 NAME		_ , _
NAME !	MULBRY, WALTER, JR				
STREET ADDRESS	2000 DUNE CIR		1.3 STREE	TADDRESS	S
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000		1.4 CITY-	ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, RICHARD C		2.2 NAME		
STREET ADDRESS	101 VIA AMALFA		2.3 STREE	TADORESS	s
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000		2. 4 CITY-	ST-ZIP	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
				ET ADDRESS	s
STREET ADORESS					<u> </u>
CITY-ST-ZIP		DELETE	3.4. CITY- 4.1 TITLE	31-ZIP	☐ Change ☐ Addition
TITLE		□ occeie			
NAME :			4, 2 NAME		
STREET ADDRESS			4 3 STREE	ET ADDRESS	s
CITY-ST-ZIP			4.4 CiTY-	ST-ZIP	
TITLE ,		☐ DELETE	5.1 TITLE		Change Addition
NAME	<u>.</u>		5.2 NAME		
STREET ADDRESS			5.3 STREE	ETADDRESS	s }
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP	
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
] '		_	6.2 NAME		
NAME !				ET ADDRESS	s
STREET ADDRESS		•	•		~
CITY-ST-ZIP			6.4 CITY-	SI-ZIP	

14. I hereby certify that the information supplied with this filling 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, of on an attachment with anyaddress, with all other like empowered.

THE DIA CATE MULBRY SE