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

Mailing Address

P.O. BOX 456

U.S. HWY. 1. MILE MARKER 28 1/2

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 26, 1999 8:00am

**Secretary of State** 

01-26-1999 90026 006 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 679185 1. Corporation Name

Principal Place of Business

SIGNATURE:

P.O. BOX 456

U.S. HWY. 1. MILE MARKER 28 1/2

BETTY M. BROTHERS REAL ESTATE, INC.

P.O. BOX 496 BIG PINE KEY FL 33043		BIG PINE KEY FL 33043			DO NOT WRITE IN THIS SPACE		
IO FINE NEI F	L JULTU	DIO FINE RELITE GOOD		3. Date Incorporated or Qualifed			
					07/21/1980		
2. Principal Pla	ace of Business	2a. Mailing Address		•	4. FEI Number	App	lied For
	200 D. BOD. 1100	26			59-2017243	Not	Applicable
Suite, Apt. #	f etc	Suite, Apt. #, etc.			-	\$8.75 A	dditional
June, Apr. #, a.o.		27			5. Certifcate of Status Desired Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
3		28		-	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Count	try	8. This corporation owes the current year In	itangible	
4	25	29	30		Personal Property Tax	☑ Yes [	□No
<u>'1</u>	9. Name and Address of Current				10. Name and Address of New Registered	Agent	
		<del></del>		Name			
REIN,	BETTY M	3 450	-	12 Charat Add	rose (B.O. Box Number is Not Acceptable)	-	
್ : U.S.`I	HWY 1, MILE MARKER 28 1/2,	OX 456		82 Street Address (P.O. Box Number is Not Acceptable)			
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			8	34 City	FI	85 Zip C	ode
re tgar 🛊 🖽	STR AN CHEET A. A.	100 - 400 Fly 44 Ct-4	re to Ko	nus nomed som	poration submits this statement for the purpose of on's board of directors. I hereby accept the apport	f changing its t	registered
11. Pursuant t	o the provisions of Sections 607.0503 egistered agent, or both, in the State (	of Florida. Such change was	authorized b	by the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	pintment as reg	istered
agent l'an	n familiar with, and accept the obligat	ions of, Section 607.0505, F	lorida Statut	es.	•		
SIGNATURE					ed when reinstating) DATE		
	Signature, typed or printed name of registered agen		<u>-</u>	gent signature requin	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
							10 111 12
		D DIRECTORS	13.				Addition
	DPTS	D DIRECTORS	1.1 TITL		ADDITIONS/CHANGES TO STYTOLICE A	☐ Change	Addition
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