## Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90075 030 \*\*\*150.00

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 # 691454

1. Corporation Name

PLYMEL REALTY, INC.

r c muc	[[ba] ta. ( ) ] [140*				
Principal Place	of Business	Mailing Address			
		% DONALD L PLYMEL			
2087 SARNO ROAD 2087 SARNO ROAD			DO NOT WRITE IN THIS	SPACE	
MELBOURNE FL 32935 MELBOURNE FL 32935			3. Date Incorporated or Qualifed		
				06/23/1981	Į
		D- Mailing Address		4. FEI Number	Applied For
2. Principal Pl	ace of Business	2a. Mailing Address		59-2098027	Not Applicable
21		26	<del> </del>	<u> </u>	\$8:75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
22		City & State		A Florida Consider Financia	<b>\$5.00</b> May Be
City & State	•	— ·		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
23		<b>28</b>	Country	This corporation owes the current year Interest.	
Zip	Country		1 ·	Personal Property Tax.	Yes DNo
24	25	29 30	<u> </u>	10. Name and Address of New Registered	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Haine and Address of New Hogisteres	
DI VA	MEL, DONALD L		Traine		
2087 SARNO ROAD			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
MELBOURNE FL 32935					• ()
MED	BOONNE PE 32933		83	. , , , ,	
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes,	the above-named corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	changing its registered intment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Statutes.		1
SIGNATURE		_			
	Signature, typed or printed name of registered age		gistered Agent signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ND DIDECTORS IN 12
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICENS A	☐ Change ☐ Addition
TITLE	PD	□ oerete			
NAME	PLYMEL, DONALD L		1.2 NAME		
STREET ADDRESS	2087 SARNO ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 00000		1.4 CITY-ST-ZIP		TT Observe D Addition
TITLE	VPS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PLYMEL, SUSAN M.		2.2 NAME		}
STREET ADDRESS	2087 SARNO ROAD		2.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	MELBOURNE FL		2. 4 CITY-ST-ZIP		<u> </u>
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	_		3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
		<u> </u>	5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY- ST- ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		O DELETE	6.2 NAME		
NAME			O.E INFINE		

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 an attachment with an address, with any other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR