FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 715952

1. Corporation Name

PROSPECT TOWERS OF CLEARWATER, INC.

Principal Place of Business

Mailing Address

801 CHESTNUT STREET CLEARWATER FL 34616

801 CHESTNUT STREET CLEARWATER FL 34616

FILED Feb 25, 1999 8:00 am § Secretary of State

02-25-1999 90010 032 ****70.00

| Principal Pl | ace of Business 2a. Mailing Address | | | | 3. Date incorporated or C | lualifed | | | |
|----------------------------------|--|---------------------------------|--------------------------------|-------------------------------------|----------------------------------|---------------------|-----------------|--------------------------------|--|
| :1 | | 26 | | | 01/28/1969 | | | | |
| Suite, Apt. | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 4. FEI Number | | _ | olied For | |
| 2 | | 27 | | | 59-1366141 | | | Applicable | |
| City & State City & State | | | | | 5. Certifcate of Status De | sired 💢 | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | , | 6. Election Campaign Fin | ancing | \$5.00 | May Be | |
| 33754 25 29 33754 30 | | | | Trust Fund Contribution Added to Fe | | | | Fees | |
| | 9. Name and Address of Current F | Registered Agent | | | 10. Name and Address o | f New Registere | d Agent | | |
| | | | 81 | Name | • | | | | |
| FITE, JOHN, ESQUIRE | | | | Street Addre | ess (P.O. Box Number is Not | Acceptable) | | | |
| RICHARDS, NODINE, FITE, ETAL, PA | | | | | | | | | |
| 1253 PARK STREET | | | | | | | | | |
| CLEARWATER FL 33516 | | | | City | | F | 85 Zip C | Code | |
| | | LOAT AFOR FL. He Chelidee | 4b = - b = - · · | | aration cultmits this statement | • | | registered | |
| office or re | to the provisions of Sections 617.0502 a agistered agent, or both, in the State of in familiar with, and accept the obligation | Florida Such change was auti | norizea ov | the corporatio | on's board of directors. I hereb | by accept the app | ointment as reg | jistered | |
| SIGNATURE | Signature, typed or printed name of registered agent at | nd title if applicable (NOTF: R | egistered Ager | nt signature required | d when reinstating) | DATE | | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES | TO OFFICERS | AND DIRECTO | RS IN 12 | |
| TITLE | р | ☐ DELETE | 1.1 TITLE | | | | Change | Addition | |
| | • | | 1.2 NAME | | | _ | ^ | | |
| | BELCHER, CHARLES | | 13 STREET | T ADDRESS | horler E | 1300c | ردميا | | |
| 1 | 975 BAYSHORE DR N | | 1.4 CITY+S | , 20 C | horlest | / Leec | | | |
| CITY-ST-ZIP | SAFETY HARBOR FL | ☐ DELETE | 2.1 TITLE | 1-219 | <u></u> | | Change | Addition | |
| TITLE | T | □ pere ie | 4 | - 1 | | | | | |
| NAME | JUSTICE, WILLIAM | | 2.2 NAME | | | | | | |
| STREET ADDRESS | 1912 CLEVELAND STREET | | 2.3 STREE | | | ÷ | | | |
| CITY-ST-ZIP | CLEARWATER FL | | 2. 4 CITY-5 | ST-ZIP | | · · · · · · | Change | Addition | |
| TITLE | \$ | ☐ DELETÉ | 3.1 TITLE | | | | □ ¢ilalige | LI Addition | |
| NAME | PERKINS, DAVID | | 3.2 NAME | | | | | | |
| STREET ADDRESS | 919 BAY ESPLANADE | | 3.3 STREE | T ADDRESS | | | | | |
| CITY-ST-ZIP | CLEARWATER FL | | 3.4. CITY-5 | ST-ZIP | | | | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | } | | | Change | Addition | |
| NAME | LIVINGSTON, JOHN | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | 623 SMALLWOOD CIR | | 4.3 STREE | T ADDRESS | | | | | |
| CITY-ST-ZIP | CLEARWATER, FL 00000 | | 4 4 CITY-S | T-ZIP | | | | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | | | Change | ☐ Addition | |
| NAME | ROBINSON DEAN | | 5.2 NAME | | | | | • | |
| | 1327 DUNCAN AVE. S. | | 5.3 STREE | T ADDRESS | | | | | |
| CITY-ST-ZIP | CLEARWATER, FL 00000 | | 5.4 CITY-S | T-ZIP | _ | | | | |
| TITLE | D | DELETE | 6.1 TITLE | | , | | Change | ☐ Addition | |
| 1 | ROYER, BETTY | ↓ • | 6.2 NAME | H | ale, Willia 307 Jones | m Dr. | | | |
| | | | 6.3 STREE | TADDRESS ユ | 307 Jones | C000+ | | • | |
| 1 | 1111 BAYSHORE BLVD., C-5 | | 6.4 CITY-S | T. 7IP | unebin, Th | 346 | 98 | | |
| CITY-ST-ZIP | CLEARWATER FL | | U.4 CH 1-3 | , <u> </u> | OILE OTTO | totales (finishes o | | | |

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 617. 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.

SIGNATURE: