

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90090 036 ***150.00

DOCUMENT # 835073

1. Corporation Name
JUSTINE REALTY COMPANY

Principal Place of Business
10820 SUNSET OFFICE DRIVE
240
ST LOUIS MI 63127-090
US

Mailing Address
10820 SUNSET OFFICE DRIVE
240
ST LOUIS MI 63127-090
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1975

4. FEI Number

43-6036292

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

-1030

25

-1030

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE

NAME MEYER, R H W

STREET ADDRESS 5653 N. HWY. 94

CITY-ST-ZIP PTGE DES SIOUX, MO 00000

TITLE SD ☐ DELETE

NAME GALANIS, W T

STREET ADDRESS 6961 HILLSLAND AVE

CITY-ST-ZIP ST LOUIS, MO 00000

TITLE VD ☐ DELETE

NAME FIENUP, W. J.

STREET ADDRESS 13045 WHEATFIELD FARM RD

CITY-ST-ZIP ST. LOUIS MO

TITLE PTD ☐ DELETE

NAME FIENUP, R. H.

STREET ADDRESS 10820 SUNSET OFFICE DRIVE STE 240

CITY-ST-ZIP ST LOUIS MI 63127-1030

TITLE D ☐ DELETE

NAME SMYTHE, M.A.

STREET ADDRESS 17041 WILD HORSE CRK RD

CITY-ST-ZIP CHESTERFIELD MO

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 all other like empowered.

SIGNATURE: *Raymond H. Fienu*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 19, 1999

314-821-5866

Date

Daytime Phone #

CR2E034 (11/98)