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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F13806

1. Corporation Name

FLANIGAN REALTY, INC.

Principal Place	e of Business	Mailing Address					***************************************			
417 ST LUCIA CT		PO BOX 372403								
		SATELLITE BCH FL 32937	LITE BCH FL 32937			DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or		L 114 11 110 1	OI AOL	
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2 Principal P	Place of Business	2a. Mailing Address				4: FEI Number			A	pplied For
21	lace of Dusiness	26				37-0997077				ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			-					Additional
22	<i>#</i> , c.c.	27				5. Certificate of Status I	esired)			equired
City & Stat	ie .	City & State				6. Election Campaign F	inancing		\$5.00	May Be
23		28				Trust Fund Contribut	-			to Fees
Zip	Country	Zip	Count	try		8. This corporation owe	s the curre	nt year Inta	ngible	
24	25	29	30			Personal Property Ta		-	∐Yes	X INo
- 1	9. Name and Address of Cur					10. Name and Address	of New Re	gistered A	gent	1
			8	31 N	lame					
	NIGAN, WALTER J		-	32 S	Add	ess (P.O. Box Number is No	t Accontab			
	ST LUCIA COURT		l°	°2 °	ireer Addre	iss (P.O. Box Number is No	n Acceptab	ne)		
SATI	ELLITE BEACH FL		8	33						
			_						!! - :	
			8	84 C	ity			FL	85 Zip	Code
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	502 and 607.1508, Florida Statute te of Florida. Such change was au igations of, Section 607.0505, Flori	thorized b	ov the	med corpo corporation	ration submits this statemen's board of directors. I her	nt for the p eby accept	urpose of o the appoin	hanging its tment as re	registered egistered
SIGNATURE										
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NOTE:	Registered Ag		nature required	when reinstating)	6 TO OFF	DATE AND	DIRECTO	200 IN 42
SIGNATURE	Signature, typed or printed name of registered a OFFICERS	agent and title if applicable (NOTE:	Registered Ag	gent sig	nature required	when reinstating) ADDITIONS/CHANGE	S TO OFFI			
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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.

64 CITY-ST-ZIP

SIGNATURE: