

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  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90102 034 \*\*\*158.75

DOCUMENT # F37891

1. Corporation Name  
MARGATE INVESTMENT CORPORATION



Principal Place of Business

Mailing Address

P. O. BOX 291298  
PORT ORANGE FL 32129  
US

P. O. BOX 291298  
PT ORANGE FL 32129  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1981

4. FEI Number

59-2104817

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WRIGHT, E.M.  
5901 BOGGSFORD  
PORT ORANGE FL 32129

81 Name E.M. WRIGHT

82 Street Address (P.O. Box Number is Not Acceptable)  
330 Country Circle Dr.

83

84 City Daytona Beach

FL

85 Zip Code 32124

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

*E.M. Wright*  
Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD ☐ DELETE  
NAME WRIGHT, E.M.  
STREET ADDRESS 5901 BOGGSFORD  
CITY-ST-ZIP PT. ORANGE FL

1.1 TITLE P.S.D. ☒ Change ☐ Addition  
1.2 NAME E.M. WRIGHT  
1.3 STREET ADDRESS 330 Country Circle Dr.  
1.4 CITY-ST-ZIP Daytona Beach, Fla. 32124

TITLE VPD ☒ DELETE  
NAME DOMINQUEZ, P.D.  
STREET ADDRESS 5901 BOGGSFORD  
CITY-ST-ZIP PT. ORANGE FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VPD ☒ DELETE  
NAME WRIGHT, M.W.  
STREET ADDRESS 5901 BOGGSFORD  
CITY-ST-ZIP PORT ORANGE FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: *E.M. Wright*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 386-9577  
Date Daytime Phone #

CR2E034 (11/98)