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Apr 16, 1999 8:00 am
Secretary of State

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0026405

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F56097**

1. Corporation Name
LOST TREE REALTY, INC.

Principal Place of Business 11811 US HIGHWAY ONE SUITE 103 PALM BEACH GARDENS FL 33408	Mailing Address 11811 US HIGHWAY ONE 104 PALM BEACH GARDENS FL 33408 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2401 PGA BLVD. Suite, Apt. #, etc. 22 STE 196 City & State 23 Palm Beach Gardens, FL Zip 24 33410 Country 25 USA	2a. Mailing Address 26 2401 PGA BLVD. Suite, Apt. #, etc. 27 STE 196 City & State 28 Palm Beach Gardens, FL Zip 29 33410 Country 30 USA
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3. Date Incorporated or Qualified 11/01/1981	4. FEI Number 59-2231926	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
ADAMS III, F F
11811 U.S. HWY ONE
SUITE 103
NORTH PALM BEACH FL 33408-0715

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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]* **F F ADAMS III PRES** **4.13.99**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> DELETE
NAME	ADAMS, F F JR
STREET ADDRESS	1181 US HWY ONE #104
CITY-ST-ZIP	N PALM BCH FL
TITLE	P <input type="checkbox"/> DELETE
NAME	ADAMS, F.F. III
STREET ADDRESS	3504 PIN OAK COURT
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **F F ADAMS III PRES** **4.13.99** **Std-626-7000**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)