Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9500006224

CARGEX ORLANDO II PROPERTIES, INC.

Principal Place of Business

C/O CARGEX PROPERTIES
49 ATLANTIC PLACE
50. PORTLAND ME 04106

C. Principal Place of Business

2a. Mailing Address

Address

2a. Mailing Address

2a. Mailing Address

27

28

Suite, Apt. #, etc.

City & State

FILED Feb 06, 1999 8:00am Secretary of State

02-06-1999 90029 018 \*\*\*150.00

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

12/21/1995

01-0503241



DO NOT WRITE IN THIS SPACE

 $\Box$ 

Zip	Country Zip C			ountry		8. This corporation owes the cu	rrent year Intang	gible	-
¬ ` `	25	29	30			Personal Property Tax.			No
24	9. Name and Address of Current F			10. Name and Address of New Registered Agent					
7. Haile and Addison of the Addison					Name				
C.T. CORPORATION SYSTEM						(D.O. Day Musches in Not Appen	table)		
AN 1200 SOUTH PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)					
				83	-	(438) 24 (23.4) 314 524.	erii asii fai jeali		\$6 149 123
PLANTATION FL 33324				03					
•				84 City stage of the stage of t					
	•							anaina ita s	agistored
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 of Confidence of Florida State of Florida State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered of Confidence of Florida Statutes.									
go jagental(an	n familiar with, and accept the obligation	ns of, Section 607.050	5, Florida Statu	utes.					
OLONATURE						- Installanti (	DATE		<del></del>
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable.	, ,	Agent si	gnature required w	ADDITIONS/CHANGES TO C		DIRECTOR	RS IN 12
12.	OFFICERS AND		13.					Change	[] Addition
TITLE	PD	☐ DELE				644893241	'		_
NAME	ALA, ANDREW L		1.2 N/	ME				-	
STREET ADDRESS	155 WEST CLARKE ST, APT 3		REET AL	ODRESS					
CITY-ST-ZIP			TY-ST-Z	IP			Change	Addition	
TITLE	SD	☐ DELE	TE 2.1 TI	TLE	1	-		Change	L Addition
NAME	BORNHEIMER, ALLEN M		2.2 N/	AME					· •
	76 UPLAND ROAD		2.3 \$1	TREET A	DORESS				
STREET ADDRESS		a management	2.40	ITY-ST-	ZIP !				<u> </u>
CITY-ST-ZIP	DUXBURY MA 02332	☐ DELE						Change	☐ Addition
TITLE" GT	TD SOLENO SERVICES	_	32 N	AME	- 1				
NAME 1933	RODERICK, RICHARD M	95.15			DDRESS			is ar in the Wit.	
STREET ADDRESS	, 213 TWO LIGHTS RD.	• •	3.4 -				May 16 G	推制推翻	重問簿
CITY-ST-ZIP	CAPE ELIZABETH ME 04107			aty-st-	212	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F2 1- 22 31 74 1 21	[:] Change	Addition
TITLE		☐ DELL				्रेड् <sub>र प</sub> ्रमुख्य के का के जिस्सान	4-7 t. 534 (401 13:	<del>-</del> 1	Am. 12 4 5 10 10 10 1
NAME	Mark 17tho	0.07094 100	151	IAME					
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CITY-ST-ZIP.	455 (FEE) (F	SUL MOTORIAL TO		ITY-ST-	ZiP			Change	Addition
TILE		☐ DELI	1					C Arranda	
NAME			5.2 N			1272 - 17005			
STREET ADDRESS			5.3 S	TREET A	ODRESS				
	PD		5.4 0	TR-YTK	ZIP	01 - M(Q4)			- 1.00 · ·
CITY-ST-ZIP	Flor. Programmes a	□ DEL	ETE 6.1 T	TILE		<del>_</del>		Change	☐ Addition
	135 (1787-22-48), 10, 371 (3)		6.2 N	IAME					
NAME	MAICHEURA THE ST. F.	•	6.3 9	TREET #	ADDRESS				
STREET ADDRESS	SD			TY-ST-					
CITY-ST-ZIP	-35.7	Alia Cilina dece pot qu	olify for the ex	omptic	n stated in S	ection 119.07(3)(i), Florida Statute	ss. I further certi	fy that the in	nformation

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 it entormation 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 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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date

2077735868 Daytime Phone #