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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G32418 1. Corporation Name

| CLEARWATER INVESTORS REALTY, INC. | | | | | | | AN BIBNI BIBNI BRBNI B | HOM BABA (1991 |
|---|--|--|--|--|--|---|------------------------------------|-----------------|
| | | | | | | | | |
| Principal Place | e of Business | Mailing Address | | | | - \$ 1003111 8000 15110 11051 01801 15001 4011 018 | | 1011 A1914 1301 |
| 3501 NE 10TH | | 95 N.E. 64TH TERR. | | | | | | |
| #108 OCALA FL 34470 | | | | | | DO NOT MIDITE IN TH | 110 ODAOE | |
| OCALA FL 34470 US | | | | | | DO NOT WRITE IN TH | IIS SPACE | - |
| US | | | | | | 3. Date Incorporated or Qualifed | | |
| | | A BA-Wan Addison | | | | 04/08/1983 4. FEI Number | - I An | plied For |
| | lace of Business | 2a. Mailing Address | | | | 59-2277508 | | t Applicable |
| -Suite, Apt. | # ata | Suite, Apt. #, etc. | - 1 . | | | | \$8.75 A | |
| | #; 610. | 27 | | | | 5. Certifcate of Status Desired | Fee Re | |
| City & Stat | A | City & State | | | | 6. Election Campaign Financing | \$5.00 | May Re |
| 23 | | 28 | | | | Trust Fund Contribution | Added t | |
| Zip | Country | Zip | Cour | ntry | | 8. This corporation owes the current year | Intangible | |
| 24 | 25 | <u> </u> | 10 | | | Personal Property Tax. | Yes | X No |
| | 9. Name and Address of Curre | | | | | 10. Name and Address of New Registere | ed Agent | |
| | | | | 81 Na | me | _ | | 1 |
| MORTIMER, MARY L | | | } | 82 St | 2 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | I.E. 64TH TERR. | | Į | | | | | |
| OCA | LA FL 34470 | | ſ | 83 | | | | } |
| | | | ŀ | 84 Ci | v | | . 85 Zip C | Code |
| | | | | | • | | 'L | |
| -11. Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508, Florida Statutes of Florida, Such change was aut | s, the at | bove-nai | ned:corpo corporation | pration submits this statement for the purpose n's board of directors. I hereby accept the ap | ot.cnanging.its pointment as re | registered [|
| agent. I a | m familiar with, and accept the oblig | ations of, Section 607.0505, Florid | da Statu | ites. | | | | |
| SIGNATURE | Of any I more | mel | | | | 4-20- | | |
| | Signature, typed by contract name of registered ag | | Registered | Agent sign: | ture required | when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | RS IN 12 |
| 12. | PD OFFICERS A | ND DIRECTORS | 1.1 TIT | | \neg | ADDITIONS/CHANGES TO GITTOEKS | ☐ Change | ☐ Addition |
| | MORTIMER, MARY L. | | 1.2 NA | | | | _ • | |
| NAME | 95 NE 64TH TERR | | | REET ADDI | Eee | | | ļ. |
| STREET ADDRESS | OCALA FL | • | 1 | rce recor | | | | |
| CITY-ST-ZIP | ST | ☐ DELETE | 2.1 TIT | | | | ☐ Change | Addition |
| NAME | MORTIMER, MARY L. | _ | 22 NA | | | | | |
| STREET ADDRESS | 95 NE 64TH TERR | | 2.2. | | | | | |
| · | OCALA FL | | 23 ST | REET AND | ESS | | | |
| CITY-ST-ZIP TITLE | V | | | REET ADD | ESS | | en en egen di de | |
| NAME | | DELETE | 2. 4 CF | TY-ST-ZIP | ESS | <u> </u> | Change | ☐ Addition |
| TOURL | ' | DELETE | 2. 4 CF | TY-ST-ZIP LE | ESS | | . <u> </u> | Addition |
| STREET ADDRESS | MORTIMER, MARY L. | DELETE | 2.4 CF 3.1 TT 3.2 NA | TY-ST-ZIP ILE IME | <u> </u> | | . <u> </u> | Addition |
| STREET ADDRESS | MORTIMER, MARY L. 95 NE 64TH TERR. | DELETE | 2. 4 CF 3.1 TT 3.2 NA 3.3 ST | TY-ST-ZIP ILE IME REET ADDI | <u> </u> | | . <u> </u> | Addition |
| CITY-ST-ZIP | MORTIMER, MARY L. | DELETE | 2. 4 CF 3.1 TT 3.2 NA 3.3 ST | TY-ST-ZIP T.E .ME REET ADDI TY-ST-ZIP | <u> </u> | | . <u> </u> | ☐ Addition |
| CITY-ST-ZIP | MORTIMER, MARY L. 95 NE 64TH TERR. OCALA FL | | 2.4 CF 3.1 TTT 3.2 NA 3.3 STT 3.4. CF | TY-ST-ZIP TLE MME REET ADDI TY-ST-ZIP TLE | <u> </u> | | Change | |
| CITY-ST-ZIP TITLE NAME | MORTIMER, MARY L. 95 NE 64TH TERR. OCALA FL | | 2.4 CF 3.1 TT 32 NA 3.3 ST 3.4. CF 4.1 TT 4.2 NA | TY-ST-ZIP LE ME REET ADDI TY-ST-ZIP LE AME | ESS | | Change | |
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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:

FILED

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90124 036 ***150.00