Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90037 021 ***150.00

CR2E034 (11/98)

Addition

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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

DOCUMENT # G44767

1. Corporation Name

	FIRST RI	EAL ESTATE CENTER	H, INC.			
İ	Principal Place	of Business	Mailing Address			
	5623 US HWY 1 NEW PORT RIC US		5623 US HWY 19 #217 NEW PORT RICHEY FL 34652 US			DO NOT WRITE IN THIS SPACE
l						3. Date Incorporated or Qualifed
l						06/01/1983
ľ	2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
ſ	21		26			59-2304361 Not Applicable
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
Ì	City & State	9	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Ì	Zip	Country	Zip	Country		8. This corporation owes the current year Intangible
Ì	24	25	29 30	5		Personal Property Tax. ☐ Yes ☐ No
Ì		9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
	FOX, E. L. 5623 U.S HWY 19			81 82	Name Street A	et Address (P.O. Box Number is Not Acceptable)
ļ	#217	7		83		
I	NEW	PORT RICHEY FL 3465	2			85 Zip Code
<u>{</u>				84	City	FL 85 Zip Code
	office or n	edistered agent or both in t	607.0502 and 607.1508, Florida Statutes, he State of Florida. Such change was auth he obligations of, Section 607.0505, Florida	orized by	the como	ed corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
ļ	SIGNATURE	Signature, typed or printed name of reg	sistered agent and title if applicable. (NOTE: Re	aistered Age	nt signature re	re required when reinstating) DATE
ł	12.		CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ļ	TITLE	FOX, E. L. 5537 SEA FOREST DR. #108		1.1 TITLE 1.2 NAME		Change Addition
ĺ	NAME					
	STREET ADDRESS			1.3 STREE	TADDRESS	us
	CITY-ST-ZIP			1.4 CITY-S	T-ZIP	
l	TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
1	NAME			2.2 NAME		

6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

[] DELETE

☐ DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

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TITLE

NAME