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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # C70007

1. Corporation	Name # G7339 ABATIER LUXURY HOMES					
Principal Place	e of Business	Mailing Address		1 1851(1) 9011 10000 11110 11110 10111 10111		
13133 PROFESSIONAL DR.		13133 PROFESSIONAL DR		İ		
SUITE 100		SUITE 100		DO NOT WRITE IN TH	I C SDACE	
JACKSONVILLE FL 32225		JACKSONVILLE FL 32225 US		3. Date Incorporated or Qualifed	3 ST AGE	
US		08		12/09/1983		
O Division Di	ace of Business	2a. Mailing Address .		4. FEI Number	Anni	ied For
<u> </u>	ace of Business	26		59-2349062	<u> </u>	Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.			\$8.75 Ad	ditional
22		27		5. Certificate of Status Desired	Fee Requ	uired
City & S ate	e ————————————————————————————————————	City & State		6. Election Campaign Financing	\$5.00 A1	lay Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		_/
24	25	29 3	30	Personal Property Tax.		₹No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registere	d Agent	
CAD	ATIED LOUBS		81 Name			
SABATIER, LOUIS 13133 PROFESSIONAL DR.			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	e 100 (Sonville FL 32225		83			
JAGE	SUNVILLE PL 32223		84 City		85 Zip Co	:de
				F		
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statules	s, the above-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	n sintment as regi	stored
office or n	egistered agent, or both, in the Statem familiar with, and accept the oblig	gations of, Section 607.0505, Florid	da Statutes.	on's board of directors. Thereby accept the def	y America do Togr	stered.
office or n	m familiar with, and accept the oblig	gations of, Section 607.0505, Fich	chonized by the curporation da Statutes.			
office or n agent. I a	m familiar with, and accept the oblig Signature, typed or printed har he of registered as	gations of, Section 607.0505, Fich	ga Statutes.		IND DIRECTOR	 S IN 12
office or nagent. I as	m familiar with, and accept the oblig Signature, typed or printed har he of registered as	gent and title if applicable. (NOTE: F	da Statutes.	od when reinstating) DATE		
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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.

64 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PARTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90211 011 ***300.00

CR2E034 (11/98)