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

Mailing Address

PO BOX 1375

DESTIN EL 32540

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G86084

1. Corporation Name

Principal Place of Business

623 HWY. 98 E

INVESTORS REALTY SERVICES OF DESTIN, INC.

DESTIN FL 3254	41	000111111111111111			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
					02/21/1984		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26 633 Hwy 9	8 E		59-2374108	□	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired		5 Additional
22		27 Juste 0			5. Certificate of Status Desired	Fee	Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.0	00 May Be
23		28 UESTIN,+	<u>ر</u>		Trust Fund Contribution	Add	ed to Fees
Zip	Country		Country		8. This corporation owes the current year in	angible	}
4	25	29 32541 30			Personal Property Tax.	Yes	No No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
rn.	MED DEVEDIN		81	Name			ĺ
	ZIER, BEVERLY		82	2 Street Address (P.O. Box Number is Not Acceptable)			
	NORTH LAKESIDE DR.						
DES	TIN FL 32541		83				
			84	City		85 2	Lip Code
			04	City	FL	. 65 4	ip code
SIGNATURE	m familiar with, and accept the obligation Signature, typed or printed name of registered agent a				quired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS IN 12
TITLE	PVS	☐ DELETE	1.1 TITLE			Chan	ge 🗌 Addition
NAME:	Frazier, Beverly		1.2 NAME	{			
STREET ADDRESS	805 NORTH LAKESIDE DR.		1.3 STREET	ADDRESS			(
CITY-ST-ZIP	DESTIN FL	1	1.4 CffY-S	r-zip			
TITLE	T	DELETE :	2.1 TITLE			Chan	ge Addition
NAME	FRAZIER, BEVERLY		2.2 NAME	ì			ļ
STREET ADDRESS	805 NORTH LAKESIDE DR.	i i	2.3 STREET	ADDRESS			ĺ
CITY-ST-ZIP	DESTIN FL		2. 4 CITY-S	T-ZIP			
TITLE		. DELETE	3.1 TITLE			Chan	ge 🗌 Addition
NAME			3.2 NAME				
STREET ADDRESS		1	3.3 STREET	ADDRESS			ĺ
CITY-ST-ZIP	} 		3.4. CITY-S	T-ZIP			
TITLE		DELETE	4.1 TITLE	$\overline{}$		Char	ge 🔲 Addition
NAME			4. 2 NAME	ļ			
STREET ADDRESS		1	4.3 STREET	ADDRESS			
CITY-ST-ZIP	<u> </u>		4.4 CITY-S	r-zip			
TITLE		☐ DELETE	5.1 TITLE			Char	ige 🔲 Addition
NAME		•	5.2 NAME	ļ			
STREET ADDRESS		}	5.3 STREET	ADDRESS			
CITY+ST-ZIP	~		5.4 CITY-S	T-ZIP		<u>.</u>	
TITLE		☐ DELETE	6,1 TITLE			☐ Char	ge 🔲 Addition

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 changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

> FRAZIER (850) 837-9020

FILED May 05, 1999 8:00 am Secretary of State 05-05-1999 90112 015 ***158.75

CR2E034 (11/98)