

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

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

04-27-1999 90030 004 ***150.00

DOCUMENT # H41592

1. Corporation Name

OVIDO PROPERTIES INVESTMENT, INC.



Principal Place of Business

3185 S CONWAY RD
STE. E
ORLANDO FL 32812
US

Mailing Address

3185 S CONWAY RD
STE. E
ORLANDO FL 32812
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1985

4. FEI Number

03-7260208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

BUTLER, C. VICTOR, JR.
1218 E. ROBINSON ST.
ORLANDO FL 32801

81. Name

Angela E. Becker

82. Street Address (P.O. Box Number is Not Acceptable)

1847 North St

83. City

Longwood FL

84. City

Longwood FL

FL

85. Zip Code

32750

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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Angela E. Becker

3/26/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME PLANTE, GEORGE
STREET ADDRESS 1102 WINTER SPRINGS BLVD
CITY-STATE-ZIP WINTER SPRINGS FL

TITLE SD ☐ DELETE
NAME PLANTE, LOIS
STREET ADDRESS 1102 WINTER SPRINGS BLVD
CITY-STATE-ZIP WINTER SPRINGS FL

TITLE VPD ☐ DELETE
NAME BECKER, DAVID
STREET ADDRESS 1847 NORTH ST
CITY-STATE-ZIP LONGWOOD FL 32750

TITLE TD ☐ DELETE
NAME BECKER, ANGELA
STREET ADDRESS 1847 NORTH ST
CITY-STATE-ZIP LONGWOOD FL 32750

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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:

Angela Becker

3/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0096277