## 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 # H49510 1. Corporation Name

CUMBERLAND REAL ESTATE HOLDINGS, INC.

		·				<u> </u>		(401) (40)
Principal Place	of Business	Mailing Address						
4311 W WATERS AVE 4311 W WATERS AVE								
STE 402	4	STE 402 Tampa FL 33614				DO NOT WRITE IN THIS SPACE		
TAMPA FL 33614 TAMPA FL 33614				3. Date Incorporated or Qualifed				
						03/28/1985		1
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Applie	d For
<del></del> -	ace of Dusifiess	26				59-2714542	+	plicable
Suite, Apt. :	# etc	Suite, Apt. #, etc.				_ \$8.	75 Addi	<del></del> -
<del> </del>	m, etc.	27				F Confidents of Status Desired	ee Requi	
City & State		City & State			6. Election Campaign Financing 55	.00 Ma	v Be	
23 28						1 - 1 - 1	ided to F	· I
Zip	Country	Zip Coun		intry		8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax. Yes No		
-	9. Name and Address of Current	<del></del>	12-1			10. Name and Address of New Registered Agent		
		<u> </u>		81	Name	<u>-</u>		
	IAMS, JOSEPH M			82	Ctroot Addr	ess (P.O. Box Number is Not Acceptable)		
4311	W WATERS AVE STE 402			02	Street Addit	(F.O. Box Number is Not Acceptable)		{
TAM	PA FL 33614			83				
							7:- 0-1	
				84	City	FL  85	Zip Cod	e
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statu	tes, the a	bove	e-named corpo	pration submits this statement for the purpose of changing	ng its reg	istered
dfice or re	egistered agent, or both, in the State of in familiar with, and accept the obligati	if Florida, Such change was i	authorized	J DV	the corporatio	n's board of directors. I hereby accept the appointment	as regist	ered
· -	m ramiliar with, and accept the obligati	ons or, section our coos, re	Jijua Stat	uiçs.	•			}
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agen	t signature required	when reinstating) DATE		— j
12.	OFFICERS AND		13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS	IN 12
TITLE	PD	☐ DELETE	1.1 TI	TLE		□ Ch	ange '	Addition
NAME	WILLIAMS, JOSEPH M		1.2 N	AME	1			1:
STREET ADDRESS	1501 SECOND AVENUE		1.3 S	TREET	ADDRESS			] ;
CITY-ST-ZIP	TAMPA EL		. I	mv.et	r-z <del>i</del> P			
TITLE	IAMPA FL	•	1.4 C	11 3-3				
	TAMPA FL V	DELETE	1.4 CI 2.1 TI			□ Ch	ange (	Addition
<b>{</b> [	V	. DELETE		TLE			ange (	Addition
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NAME	V WILLIAMS, JOSEPH M.	☐ DELETE	2.1 TI 2.2 N 2.3 ST	TLE AME TREET SITY-S		_	<u></u> .	Addition Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	V WILLIAMS, JOSEPH M. 1501 SECOND AVENUE TAMPA FL ST WATKINS, DAVID B JR 4311 W WATERS AVENUE #40	DELETE	2.1 TI 2.2 NV 2.3 ST - 2.4 C 3.1 TI 3.2 NV 3.3 ST	TLE AME TREET CITY-S TLE AME	T-ZIP ADORESS		<u></u> .	
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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 29, 1999 8:00 am Secretary of State

03-29-1999 90087 007 \*\*\*150.00