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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H78909**

SOUTHERN LEISURE PROPERTIES, INC.

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Principal Place	e of Business	Mailing Address					
P.O. BOX 11958	B	P.O. BOX 11958					
FT. LAUDERDALE FL 33339 FT. LAUDERDALE FL 3333)		DO NOT WRITE IN THIS SPACE		
US US					DO NOT WRITE IN THIS SPACE 3 Date incorporated or Qualifed		
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0-7, a,					09/30/1985		died Fax
2. Principal Pl	lace of Business	2a. Mailing Address			4, FEI Number		lied For
21	<u> </u>	26			59-2626203		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	1
22	*	27			3. 3. 3. 3. 3. 3. 3. 3.	Fee Red	urea
City & State	e	City & State			6. Election Campaign Financing	\$5.00 N	*
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Counti	y .	8. This corporation owes the current year	n Intangible 🖰 🧸	_ 1
24	25	. 29	30		Personal Property Tax.	Yes	□ No
24	9. Name and Address of Currer				10. Name and Address of New Registe	reg Agent	
	3. 74417		8	1 Name		7	
ROB	BAT, GEORGE		_		(D.C. D. N. Lania Mat Assentable)		
) N.E. 33 AVE.	·	8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
14G			8	3	12. 2011 (2012) 2. 2 2 10 10 10 10 10 10 10 10 10 10 10 10 10	to and MI, 681 S	44 4.44 (23)
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FILL	EMODERDATE LE 22202		8	4 City	The state of the s	85 Zip C	ode " " "
3 (11) 						FL	·
.11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the abo	ve-named corp	poration submits this statement for the purposion's board of directors. I hereby accept the a	se of changing its f popointment as req	istered
office or r	registered agent, or both, in the state um familiar with, and accept the obliga	ations of Section 607.0505, Flo	rida Statute	s. Tolan		169	
	1 ~(Z)n//(Q) ~	Kobhai	\mathcal{X}	16		\ [7]	
SIGNATURE	Signature: typed or printed name of registered age	ent and title if applicable. (NOTE	Registered Ag	ent signature require	ed when reinstating) DAT		
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE ND DIRECTORS	Registered Ag	ent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 12
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12.	Signature, typed or printed name of registered age OFFICERS At	ent and title if applicable. (NOTE ND DIRECTORS	13.	:	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 12
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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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90001 037 ***150.00