FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90068 011 ***158.75

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

DOCUI 1. Corporation	MENT # H98658									
v. Corporador	IATION PROPERTIES, INC.									
Principal Place of Business Mailing Address							J IDION HAIRD BIRDI BAII		jii dib ii uluii i	(10) (110) (110)
7041 GRAND N	ATL DR	7041 GRAND NATL DR								
SUITE 211 SUITE 211							DO NOT WEIT	E IN THIS S	PACE	
ORLANDO FL 3	2819	ORLANDO FL 32819 US			-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
US		US .			-	02/11/1986				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Ar	plied For
	2605	26 ADOUG				59-264279	5	,	No	ot Applicable
Suite, Apt.						5.º Certifcate of St		N	\$8.75	
22		27				5. Certificate of St	alus Desired	<u> </u>	Fee Re	equired
City & State	e	City & State				6. Election Camp	-	П	\$5.00	-
23		28				Trust Fund Cor			Added	to Fees
Zip	Country	Zip	Counti	У		8. This corporatio			ngible ☑Yes	□No
24	9. Name and Address of Current	Paristered Apost	<u> </u>			Personal Prope				
	9. Name and Address of Current	Kedistara Marit	8	1 Name		To. Italile and no		9,010,04 7,	. <u>a</u>	
EGERTON, CHARLES				1						
800 N MAGNOLIA AVE				2 Street	Addres	s (P.O. Box Numbe	r is Not Acceptal	ole)		
SUITE 1500				3					_	~
ORLANDO FL 32803									Tall =	
1			8	4 City				FL	85 Zíp	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abo	ve-named	corpor	ation submits this st	atement for the p	ourpose of c	hanging its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligations.	f Florida. Such change was auth	orized b	y the corpo	oration'	s board of directors	. I hereby accept	the appoint	tment as re	gistered
SIGNATURE	The terminal with a side doops are obligate		,							
	Signature, typed or printed name of registered agent			ent signature r	required w	hen reinstating)		DATE	OIDEOT	2DG IN 4D
12.	OFFICERS AND	DIRECTORS DELETE	13.		ſ	ADDITIONS/CH	ANGES TO OFF	ICERS AND	☐ Change	Addition
TITLE	PD FOWARD W	□ DELETE	1.1 TITLE							Addison
NAME	POITRAS, EDWARD W.		1.2 NAME		70	041 GRA	UD NAt	·r (se	106	
STREET ADDRESS	50-N-LAURA ST-STE-3400			ET ADDRESS	5	uite 21		32819		
CITY-ST-ZIP	JACKSONVILLE FL-	☐ DELETE	1.4 CITY- 2.1 TITLE		P	RLANBO.	1=4) - 11/	Takenge	☐ Addition
TITLE		Detere	2.1 INILE							_
NAME				ET ADDRESS	46	ALZERNA	8 JUHE	E-DA	•	}
STREET ADDRESS	_		2.4 CITY	-	(A)	1/2/1/		2515	-	_
-CITY-ST-ZIP		DELETE	3.1 TITLE			BETTO BOT	15000		Change	☐ Addition
NAME			3.2 NAME							
STREET ADDRESS			3.3 STRE	ET ADORESS						ļ
CITY-ST-ZIP	+		3.4. CITY			_				
TITLE	,l _	☐ DELETE	4.1 TITLE	_	Vic	E PRES y G. Po: +1 grand RLADDO			Change	Addition
NAME .	$\hat{I} = \hat{I}$		4. 2 NAM	E	KA	4 G Poi	+RAS		ما- م	0.4
STREET ADDRESS	3		4.3 STRE	ET ADDRESS	70	41 grand	NAtic	PR T	Suite	211
CITY-ST-ZIP	•		4.4 CITY-	ST-ZIP	0	RLANDO	32819			
TITLE		☐ DELETE	5.1 TITLE					·	Change	☐ Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STRE	ET ADDRESS						ļ
CITY-ST-ZIP			5.4 CITY							
πιτΕ		☐ DELETE	6.1 TITLE						Change	☐ Addition
414345	İ		6.2 NAME		1					

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 chapter, or on an attachmen with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 4

STREET ADDRESS

CITY-ST-ZIP