## 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** 

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90094 032 \*\*\*150.00

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## DOCUMENT # J05082 1. Corporation Name

GROUP IV PROPERTIES, INC.

Principal Plac	e of Business	Mailing Ad	dress				1	† 1984119 Birl MEIST SILT GBIST 18710 1191 STOLL BIS	/L B1811 C	)1 <b>4</b> 11 <b>B</b> 10	ii didii iasi
6900 SOUTHPOINT DRIVE N. 6900 SOUTHPOINT DRIVE N.											
250 250								DO NOT WINTE IN THIS I	ים א מר		
JACKSONVILLE FL 32216 JIS US JACKSONVILLE FL 32216 US							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			<u>-</u>	<del></del> 1
US		US						03/20/1986			
2. Principal P	lace of Business	2a, Mailing	Address				4.	. FEI Number		App	lied For
21		26						59-2651583		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							1_		\$8.	75 Ac	ditional
22 27							5.	. Certificate of Status Desired	Fe	e Req	uired:
City & Stat	e	City &	City & State				6.	Election Campaign Financing	\$5	л <b>ОО</b> .	lay Be
23		28						Trust Fund Contribution	Ad	ded to	Fees
Zip	Country Zip Co			Countr	Country 8			. This corporation owes the current year Inta		,	ا ا
24	25	29	30	D				Personal Property Tax.	☐ Yes		□No
	9. Name and Address of Current	Registered A	gent				10.	Name and Address of New Registered A	gent		
CANI	VEDE CHE	•		8	ווי	Name					
SANKERS, GUS					2	Street Addre	ess (F	P.O. Box Number is Not Acceptable)			,
6900 SOUTHPOINT DR N SUITE 436				L	_						
250	/CONMILE EL 20216			8:	3						
JACKSONVILLE FL 32216				8-	4	City	85			Zip Co	ode
ļ <u></u>						<u> </u>		<u>FL</u>	<u> </u>	- '20	!t
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											egistered istered
agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE											!
	Signature, typed or printed name of registered agent		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ent si	ignature required			DIBE	CTOE	PC INI 12
12.	OFFICERS AND	DIRECTORS	☐ DELETE	13. 1.1 TITLE				ADDITIONS/CHANGES TO OFFICERS AND			Addition
TITLE	LUTTOURSON MADO C		C DELETE	1					_	-	_
NAME	HUTCHINSON, MARC C.			1.2 NAME 1.3 STRE		DODECC					ĺ
STREET ADDRESS	GREAT FALLS VA 22066										
CITY-ST-ZIP			☐ DELETE	1.4 CITY- 2.1 TITLE		ZIP			☐ Cha	ange	Addition
TITLE	DOENTICE POVANT III		- Descrie	2.1 TILE							
NAME	PRENTICE, BRYANT, III		,	1		PDOCCC					
STREET ADDRESS	47 FAIRLAWN DRIVE EGGERTSVILLE, NY. 14226		· ····································	2.3 STRE	÷	•			-		<b>-</b>
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NAME	SANKERS, GUS 4091 TIMUQUANA ROAD					DODECC					
STREET ADDRESS			ļ	3.3 STRE							
CITY-ST-ZIP				3.4. CITY-ST-ZIP 4.1 TITLE				∵ Chi	anoe	Addition	
TITLE	<u> </u>		l l							_	
NAME			4. 2 NAME 4.3 STREET ADDRESS								
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STREET ADORESS	1		;	5.4 CITY-							
CITY-ST-ZIP			DELETE	6.1 TITLE		-			☐ Ch	ange	☐ Addition
TITLE			C DECEIE	6.2 NAME					,		
NAME	1			A. T. LO. AAIT	-						

6.4 CITY-ST-ZIP CITY-ST-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, of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CR2E034 (11/98)