FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90158 005 ***150.00

1. Corporation	MENT # J06981 COUNTY PROPERTIES, INC) .			j			
Principal Place	e of Business	Mailing Address	_			4 196114% OLLY NOSTO OTILIS LALON LAIGH LINK GIL	FII Giğ il Gi ə li bib i	II Afatı diali 1001
PO BOX 20016 WWEST PALM		PO BOX 20016 WEST PALM BCH FL 3341	6					
บร	001) 12 00410	US	•		i	DO NOT WRITE IN TH	HIS SPACE	
					Ì	3. Date Incorporated or Qualifed 03/31/1986		
2. Principal Pl	face of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				65-0133034	1	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_			5. Certificate of Status Desired	•	Additional Required
City & State	<u> </u>	City & State				6. Election Campaign Financing		0 May Be
23		28		-1		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Con	ntry		8. This corporation owes the current year		□ 10.
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent		81 Name	_	10. Name and Address of New Register	ea Agent	
IAW	RENCE E. MURPHY			VI ITALIA			,	
	EXECUTIVE CENTER DR			82 Street		s (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
201	ENEOGINE GENTEN GIN			83	17 n	DESIGNE WOODY	\	- \ \
	T PALM BCH FL 33401			°° 9 0 1	76	201 B - 11211 HROSPE	erty pas	rems Kall
20				84 _City		EACH GARLENK F	85 Zi	Code,
44 5	4- the	2 and SO7.1E09 Florida Status	en:the e	<u> TAI</u>	W 19	ation submits this statement for the purpose		33410
office or re	egistered agent, or both, in the State	of Florida. Such change was a	uthorizer	hy the corn	oration'	's board of directors. I hereby accept the an	nointment as	renistered
	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Stati	ites.	Ofallon	s board of directors. Thereby decept the ap	on the state of	rogistered
SIGNATURE	m familiar with, and accept the obligation of registered ager	tions of, Section 607.0505, Flo	orida Stati	Ites.		then reinstating) DATE	<u> </u>	
SIGNATURE	m familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AN	tions of, Section 607.0505, Florand title if applicable. (NOTE	orida Stati	ıtes.	required w		AND DIRECT	FORS IN 12
SIGNATURE	m familiar with, and accept the obligation of th	tions of, Section 607.0505, Flo	rida Stati	Agent signature	required w	hen reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	FORS IN 12
SIGNATURE	m familiar with, and accept the obligation of registered ager of FICERS AN P WEIZER, WILLIAM S	tions of, Section 607.0505, Florand title if applicable. (NOTE	Registered	Agent signature	required w	hen reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	FORS 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 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.

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PI