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

PROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE Katherine Harris

**FILED** 

Feb 02, 1999 8:00am

**Secretary of State** 

02-02-1999 90030 045 \*\*\*150.00

Secretary of State 7

## DOCUMENT # J11611

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ANCIEN	r city properties, inc.	W. Commission of the			
(1)					<b>       </b>
		A STANTING TO STAN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Principal Plac	e of Business	Mailing Address			
62 VIEJO STRE		P.O. BOX 323		·	
P.O. BOX 323 ST. AUGUSTINE		ST. AUGUSTINE FL 32085 US	They are	DO NOT WRITE IN THI	IS SPACE
			· •	3. Date Incorporated or Qualifed	
12 3 3 48 6				04/29/1986	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc bush	Suite, Apt. #, etc.		NOT APPLICABLE	\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Stat	ie k 🚉	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	i.	Trust Fund Contribution	Added to Fees
Zip.	Country	Zip	Country	8. This corporation owes the current year Ir	
24	25	\	30	Personal Property Tax.  10. Name and Address of New Registered	☐ Yes ☐ No
1	9. Name and Address of Current	registered Agent	81 Name	19. Name and Address of New Registered	n Wang
MINO	CH, LESTER J		22 0: 111		***
	/IEJO STREET VILANO BEACH, F	L 32084	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	•
	BOX 323		83		
ST.	AUGUSTINE FL 32085		84 City	The state of the s	85 Zip Code
	1			FI	L   `   `
office or r	registered agent or both in the State of	and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose of	of changing its registered
1			inonzed by the corporation	on's board of directors. I hereby accept the appo	ointment as registered
agent i a	m familiar with, and accept the obligation	ions of, Section 607.0505, Flori	thorized by the corporation da Statutes.	on's board of directors. I hereby accept the appo	ointment as registered
SIGNATURE	m familiar with, and accept the obligati	ions.of, Section 607.0505, Flori	da Statutes.		ointment as registered
SIGNATURE	m familiar with, and accept the obligati	and title if applicable. (NOTE: f	thorized by the corporation da Statutes.  Registered Agent signature require		
SIGNATURE	am familiar with, and accept the obligation of the community of the second of the community	and title if applicable. (NOTE: f	da Statutes. Registered Agent signature require	od when reinstating), DATE	
SIGNATURE	am familiar with, and accept the obligation of the community of the state of the community	and title if applicable. (NOTE: f	da Statutes. Registered Agent signature require	od when reinstating), DATE	AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND DST MINCH, LESTER J. 62 VIEJO STREET	and title if applicable. (NOTE: f	da Statutes. Registered Agent signature require 13. 1.1 TITLE	od when reinstating), DATE	AND DIRECTORS IN 12
SIGNATURE  12.  TILE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND DST MINCH, LESTER J. 62 VIEJO STREET VILANO BEACH FL	ons of, Section 607.0505, Flori and title if applicable. (NOTE: f	da Statutes.  Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	od when reinstating), DATE	AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND DST MINCH, LESTER J. 62 VIEJO STREET VILANO BEACH FL D	and title if applicable. (NOTE: f	da Statutes.  Registered Agent alignature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	od when reinstating), DATE	AND DIRECTORS IN 12
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14. If hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further certify that the information indicated on this annual report or supplemental appear 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 truetee 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 odd sequence of the corporation of the

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRES

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER ON DIRECTOR Date Dayline P

Change

☐ Addition