7291999-90021-019-$550.00-$550.00

999.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 29, 1999 8:00 am
Secretary of State
07-29-1999 90021 019 ***550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J13240

1. Corporation Name

ANCLOTE ESTATES, INC.

Principal Place of Business	Mailing Address
145 PHELPS RD RIDGEWOOD NJ 07450 US	145 PHELPS RD RIDGEWOOD NJ 07450 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1986

4. FEI Number: 59-2738005 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

NAULT, NISSLEY B
RIDGEWOOD INC
4860 WEST GANDY BLVD
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name: NAULT, JAMES P

82 Street Address (P.O. Box Number is Not Acceptable): R.D.G. Inc.

83

84 City: FL 85 Zip Code

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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: James P. Nault, VP (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: 7/21/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NISSLEY, ELEANORE S.		1.2 NAME		
STREET ADDRESS	145 PHELPS RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	RIDGEWOOD NJ 07450		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NAULT, JAMES /RDG I..		2.2 NAME		
STREET ADDRESS	4860 WEST GANDY BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	NISSLEY, PETER B		3.2 NAME		
STREET ADDRESS	76 RIDGEWOOD AVE		3.3 STREET ADDRESS	76 E. Ridgewood Ave	
CITY-ST-ZIP	RIDGWOOD NJ 07450		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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.

SIGNATURE: [illegible] REQUIRED 7/21/99 201-445-6335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #