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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90114 024 ***150.00

1'	999				-	-	
1. Corporation I	IENT # J35474 PERTIES, INCORPORATED					aran sièn sish sish sish	
	Elifico, intooin others						
					<u> </u>	Blait Brail Blan aran ere.	
Principal Place	of Business	Mailing Address					
2140 HUNTERFIELD RD		2140 HUNTERFIELD RD.					
MAITLAND FL 32751		MAITLAND FL 32751 US		DO NOT WRITE IN THE	S SPACE		
US		00			3. Date Incorporated or Qualifed		,
					09/30/1986 4. FEI Number	Applied	For
2. Principal Pla	ice of Business	2a. Mailing Address			59-2741185	Not Appl	
21		26				\$8.75 Additio	nal
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Required	<u> </u>
22		City & State			6. Election Campaign Financing	\$5.00 May I	
City & State		28			Trust Fund Contribution	Added to Fee	es
Zip	Country	Zip	Country	,	8. This corporation owes the current year	Intangible ☐ Yes ☐ No	,
24	25		30		Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registers	,	
ANDRES FRANCES							
MEIN	er, edward s Hunterfield road		82	Street Add	lress (P.O. Box Number is Not Acceptable)		
MAITLAND FL 32751			83				· l
IWALL	EVIAD I E OSTO					85 Zip Code	
			84	1	_ <u>F</u>	iL ' '	
11 Pursuant 1	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the abov	/e-named con	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its regist pointment as registe	stered red
office or re	egistered agent, or both, in the State of familiar with, and accept the obliq	e of Florida. Such change was au nations of, Section 607,0505, Flor	ithorized by ida Statute	y the comporati s.	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	,)
					· DATE		{
SIGNATURE	Signature, typed or printed name of registered a	90111 2112 222		ent signature requir	ADDITIONS/CHANGES TO OFFICERS		N 12
12.		AND DIRECTORS	13. 1.1 TITLE		Abbilliotto/o/article	☐ Change ☐	Addition
TITLE	PVS	_					ļ
NAME	MEINER, EDWARD ORESS 2140 HUNTERFIELD ROAD		1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	MAITLAND EL		1.4 CITY-				7
CITY-ST-ZIP TITLE	MAITLAND FL	☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY			Change [Addition
TITLE		☐ DELETE	3.1 TITLE		•		
NAME			3.2 NAM				•
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 TITLE			Change [Addition
TITLE		C DECEN	4.1 III.C	1			
NAME		•	4	EET ADDRESS			
STREET ADDRESS			4.4 CITY	\ \ \			
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			☐ Change [Addition
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STRI	EET ADDRESS			
CITY-ST-ZIP				-ST-ZIP		Change [Addition
TITLE		☐ DELÉTE	6.1 TITL			€1 cuanae l	
NAME			6.2 NAM				,
1	1		■ 6.3 STR	EET ADDRESS			

rot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appear to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in property, with all other like empowered. 14. I hereby certify that the information supplied with the filic indicated on this annual report or supplemental annual ry officer or director of the combration of the receiver or translock 12 or Block 13 if chartesd, or on an attachment will be combrated.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

UNUKED