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

PROFIT CORPORATION ANNUAL REPORT

1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J46679

1. Corporation Name

FLOREAL, INC.

Principal Place of Business

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90139 005 ***150.00



2169 MAIN STREET SARASOTA FL 34237 US		1131 S ORANGE AVENUE SARASOTA FL 34236 US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 12/11/1986		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2748416		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	3	City & State		,	6. Election Campaign Financing Trust Fund Contribution	•	0 May Be d to Fees
Zip 24	Country 25	Zip	Country 30	,	This corporation owes the current year Int. Personal Property Tax.	angible Yes	□No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	3. Italiio dila Addida di Galia.		81	Name			
	ne, arthur t. S orange avenue	•	82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	ASOTA FL 34236		83				
			84	City		85 Zi	p Code
	,			,	<u>FL</u>	.	
11. Pursuant to office or reagent. I as SIGNATURE	to the provisions of Sections 607.0503 egistered agent, or both, in the State or m familiar with, and accept the obligat	2 and 607.1508, Florida Statute of Florida. Such change was au ions of, Section 607.0505, Flori	s, the abov ithorized by ida Statutes	e-named coi the corpora s.	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoi	ntment as	registered
SIGIUTI OTIL	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: I	Registered Age	nt signature requi	red when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	☐ DELETE	1.1 TITLE			☐ Chang	je 🗌 Addition
NAME	THELLIER, CLAUDE A.		1.2 NAME				}
STREET ADDRESS	1131 S ORANGE AVENUE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34236		1.4 CITY-S	IT-ZIP			
TITLE	S	☐ DELETE	2.1 TITLE	-		☐ Chang	e Addition
NAME	STONE, ARTHUR T.		2.2 NAME				{
STREET ADDRESS	1131 S ORANGE AVENUE		23 STREE	TADDRESS			{
	SARASOTA FL 34236		2. 4 CITY-				_
CITY-ST-ZIP	SANASOTA I E STESS	☐ DELETE	3.1 TITLE	31-21		Chang	e
TITLE			3.2 NAME			_	ì
NAME				T ADDRESS			
STREET ADDRESS			1				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3.4. CITY-1	SI-ZIP		Chang	e Addition
TITLE		☐ ACTELE				<u></u>	
NAME			4, 2 NAME				
STREET ADDRESS				T ADDRESS			
CiTY-ST-ZIP			4.4 CFTY-5	ST-ZIP		Chang	e
TITLE		☐ DELETE	5.1 TITLE	}		chang	te ["] variani
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			
TITLE	-	☐ DELETE	6.1 TITLE			Chang	e Addition
NAME			6.2 NAME				ļ
STREET ADORESS			6.3 STREE	TADORESS			
			64 CITY S	:T. 7IP			

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.