Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

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

PROFIT CORPORATION ANNUAL REPORT

1999

MYERS, JULIE S.

STE #2150

100 N TAMPA STREET



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J77473** 1. Corporation Name

PARTNER PROPERTIES, INCORPORATED

Principal Place of Business 100 N TAMPA STREET STE #2150 TAMPA FL 33602		Mailing Address		DO NOT WRITE IN THIS SPACE						
		P.O. BOX 10477 TAMPA FL 33679 US								
US				3. Date Incorporated or Qualifed 06/09/1987						
2. Principal Place of	f Business	2a. Mailing Addr	ess	4. FEI Number 59-2812533						
Suite, Apt. #, etc.		Suite, Apt. #,	etc.	5. Certificate of Status Desired	\$8.					
		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5 Ad					
Zip	Country 25	Zip 29	Country 30	This corporation owes the current year Inta Personal Property Tax.	angible Ye					
	Name and Address of Cu	10. Name and Address of New Registered Agent								

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

04-20-1999 90138 047 ***150.00



Street Address (P.O. Box Number is Not Acceptable)

TAM	PA FL 33602						_							1
			84	4 City						FI	L 85 Z	Zip Co	de	1
office or r	to the provisions of Sections 607.0502 and 607.15 egistered agent, or both, in the State of Florida. Su m familiar with, and accept the obligations of, Secti	ch change was auth	ים onzea ס	v the cord	corporati oration's	ion submi board of	ts this directo	stateme ors. 1 her	ent for the eby acce	purpose o pt the appo	of changing ointment as	j its re s regis	gistered stered	
SIGNATURE	•									DATE	_			۱ ـ
	Signature, typed or printed name of registered agent and title if applica		gistered Age	ent signature	required whe			THANG!	S TO OF		ND DIREC	TOP	S IN 12	(11/98)
12.	OFFICERS AND DIRECTOR	OELETE	1.1 TIRE			ADDITI	UN3/C	PIANGE	3 10 01	I IOLKS A	Chan		Addition	Ξ
TITLE	PD	□ nete ie									/	·y¢		
NAME	SMITH, L. GARRY JR		1.2 NAME			4)74	۰.۵4	97	# 37S°	D				, Š
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TITLE	D	DELETE	2.1 TITLE								☐ Chan	ige	Addition	ı
NAME	MYERS, BARNEY L. JR		2.2 NAME	:										l
STREET ADDRESS	100 N TAMPA STREET, #2150		2.3 STREE	ET ADDRESS										ł
CITY-ST-ZIP ∷	TAMPA FL		2.74 CITY	-ST-ZiP-										_
TITLE	STD	☐ DELETE	3.1 TITLE								Chan	ig e	☐ Addition	l
NAME	MYERS, JULIE S.		32 NAME	•										ŀ
STREET ADDRESS	100 N TAMPA STREET, #2150		3.3 STRE	ET ADDRESS									,	l
C/TY-ST-ZIP	TAMPA_FL		3.4. CITY-	-ST-ZIP		_								Í
TITLE	D	☐ DELETE	4.1 TITLE								Char	ige	☐ Addition	l
NAME	SMITH, MAVIS M.		4. 2 NAME	E										
STREET ADDRESS	100 N TAMPA STREET, #2150		4.3 STRE	ET ADDRESS	1									1
CITY-ST-ZIP	TAMPA FL		4.4 CITY-	ST-ZIP									. <u> </u>	l
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STREET ADDRESS		ı		ET ADDRESS										l
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14 I bereby o	certify that the information supplied with this filing d	oes not qualify for th	e exemp	otion state	a ın Secti	on 119.0	7(3)(i),	, ⊢lorida	Statutes.	i further co	entity that t	ne into	ormation	

81 Name

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Indicated on this annual report or supplied with his limit does not quality for the exemption stated in Section 178.07(3)(f), I folial statutes. I rainer carry that the mindicated 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.

4-15-99

813-259-4077