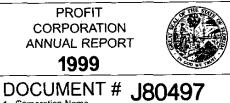
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

W.G. LASSITER PROPERTIES, INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90004 048 \*\*\*550.00



Principal Place of Business Mailing Address								
% W. G. LASSITER JR 505 S FLAGLER DR. S-1300 WEST PALM BEACH FL 33401		% W. G. LASSITER JR 505 S FLAGLER DR. S-1300 WEST PALM BEACH FL 33401			DO NOT WRITE IN TH	IS SPACE		
						3. Date Incorporated or Qualifed 06/26/1987		
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			1 " Ludwin Ludwi		pplied For
21	26					00 202000 /		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>⊢</b> '''			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	е	City & State				6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees		
Zip	Country Zip		Country			8. This corporation owes the current year l		
24 25			<u> </u>			Personal Property Tax. Yes No  10. Name and Address of New Registered Agent		
	9. Name and Address of Curre	ent Registered Agent	81	Non		10. Name and Address of New Registere	a Agent	
1 499	SITER, W G JR.		*'	Nan	1e			
	S FLAGLER DR		82	Stre	et Addre	ddress (P.O. Box Number is Not Acceptable)		
	E 1300		83					
	T PALM BEACH FL 33401		03	'				
			84	1		pration submits this statement for the purpose		Code
agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	jations of, Section 607,0505, Florida	Statutes	5.		in's board of directors. I hereby accept the app		
12.	<del></del>	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	D	☐ DELETE 1.1 TI		TITLE			☐ Change	Addition
NAME	Lassiter, W G Jr.		1.2 NAME		-			}
STREET ADDRESS	505 S FLAGLER DR		1.3 STREE	ET ADDRE	ss			
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-5	ST-ZIP				F-1 A 1 222
TITLE		☐ DELETE	2.1 TITLE		-		☐ Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRE	:SS			
CITY-ST-ZIP		Florists	2. 4 CITY-	ST-ZIP	-		Change	e
TITLE		☐ DELETE	3.1 TITLE				□ change	
NAME			3.2 NAME 3.3 STREE					
STREET ADDRESS			3.4, CITY-		~~			
CITY-ST-ZIP TITLE		☐ DELETÉ	4.1 TITLE	01-Eir.	+		Change	e 🗀 Addition
NAME		<del></del>	4. 2 NAME					}
STREET ADDRESS			4.3 STREE	ET ADDRE	ESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		7		☐ Change	e 🗍 Addition
NAME			52 NAME					
STREET ADDRESS			5.3 STREE		ESS			j
CITY-ST-ZIP			5.4 CITY-1					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	e
NAME			6.2 NAME		292			

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 alliquid 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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)