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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J85652

(2)

LOFT PROPERTIES, INC.

Mailing Address

Principal Place of Business

**FILED** Jan 20 1998 8:00am Secretary of State

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C/O ROBERT VALENTINE LOFT 9751 MONTANA CT. BONITA SPRINGS FL 38823 0789		C/O ROBERT VALENTINE LOFT 9751 MONTANA CT. BONITA SPRINGS FL <del>33823 0793</del>		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
				07/29/1987		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 9751	MONTANA CT	269751 MOL	TAUA CT	NOT APPLICABLE	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	<del></del>	5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			Fee Required	
23BON"		28 BONITA SE	Auran Er	6. Election Campaign Financing	\$5.00 May Be	
Zip	Country.	Zip	Country	Trust Fund Contribution  B. This corporation owes or has paid the	Added to Fees	
24/34/39			30 LEE	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Current (		001	10. Name and Address of New Registers		
BOI	BERT VALENTINE LOFT		81 Name			
	1 MONTANA CT.		82 Street Addr	occ (D.O. Boy Mumbos in Mot Accordable)		
	NITA SPRINGS FL 33923-0793		Street Addi	ess (P.O. Box Number is Not Acceptable)		
BONNIA OFFINGO FE 33920-0183						
			84 City	F	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			·-			
12.	Signature, typod or printed name of registered agent a OFFICERS AND I		: Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD OFFICERS AND I	DELETE	1,1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
NAME	LOFT, ROBERT VALENTINE		1.2 NAME		C Grange C Addition	
STREET ADDRESS	9751 MONTANA CT.		1			
CITY-ST-ZIP	BONITA SPRINGS FL		1.3 STREET ADDRESS			
TITLE	VD VD	☐ DELET <b>E</b>	14 CITY-ST-ZIP 21 TITLE		Change Addition	
NAME	LOFT, JOAN ELLEN		2.2 NAME			
STREET ADDRESS	9751 MONTANA CT.		2.3 STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL		2. 4 CITY - ST - ZIP			
THILE		DELETE	3.1 TITLE		Change Addition	
NAME		—	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			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			
14. I hereby ce	ertify that the information supplied with	this filing does not qualify for	the exemption stated in S	Section 119.07(3)(i), Florida Statutes, I further	certify that the information	
officer or d	on inis annual record of succilemental a	nnual report is true and accu er or trustee empowered to e	irate and that my signaturi	e shall have the same legal effect as if made ired by Chapter 607, Florida Statutes, and the	under oath: that I am an I	