1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90018 032 ***150.00

DOCUMENT # J98367 1. Corporation Name CIBANA 50, INC.	,			
Principal Place of Business	Mailing Address		1 SDB1510 Bite (B18) to 18 14 10 Bit 14	01011 01011 01011 01011 pipir 18-01
% ZOM PROPERTIES. INC.	1950 SUMMIT PARKK DRIVE			•
1950 SUMMIT PARK DR SUITE 300			DO NOT WRITE IN THIS	6 684CE
ORLANDO FL 32810	ANDO FL 32810 ORLANDO FL 32810 US		3. Date Incorporated or Qualifed	3 STACE
	•		10/21/1987	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2862452	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Ir	ntangible
2425	29 30	o	Personal Property Tax.	☐ Yes ☐ No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
BACKER, ANKE 1950 SUMMIT PARK DRIVE SUITE 300 81 Name ZOM PROPERTIES, INC. 82 Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32810	\leftarrow	(\$mme		
Ι , Λ ,		84 City	FI	85 Zip Code
11. Pursuant to the provisions of Sections 607 5502 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, or 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 fand accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE \ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-\ Samuel C	. Stephon, IB	2 Dresident 1/26/9	<u>:9 </u>
Signature, theodor brillied hame of registered by			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
DOM//CD DETED	C) OCCUP	1.2 NAME		
STREET ADDRESS POSTBUS 19720, 1000 CS		1.3 STREET ADDRESS	•	
CITY-ST-ZIP AMSTERDAM NE		1.4 CITY-ST-ZIP		İ
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ 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

STREET ADDRESS

CITY-ST-ZIP

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 tribe 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. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

DELETE

☐ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TIME

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE RIGHTON SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF DIRECTOR

02/20/1999

Daytime Phone

Change

Change

Addition

Addition

32F034 (11/98)