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PROFIT CORPORATION ANNUAL REPORT

1999

CONNIE BOYLE REAL ESTATE INC.

DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90125 038 ***150.00

_	IB BYIBI BUID IBID IBI		

								PIN 1881 AINT	afiri dibil		
Principal Place of Business Mailing Address			ess					i		I BIBIT BIBIT BIBIT TABL	
1399 N. OCEANSHORE BLVD FLGLER BCH FL 32136		1399 N. OCEA FLGLER BCH I	NSHORE BLVD								
		TEGECH DOTT	1 L 02100				DO NOT WRI	TE IN THIS	SPAC	Æ	
						3.	Date Incorporated or Qualifed				
							06/15/1988				
2. Principal Place of Business		2a. Mailing A	ddress			4,	FEI Number			Applied For	
21		26					59-2934401		_	Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt	. #, etc.			5.	Certifcate of Status Desired			.75 Additional ee Required	
City & State		City & Sta	nte			6.	Election Campaign Financing Trust Fund Contribution			5.00 May Be	
Zip	Country	Zip	Country Country			8.	This corporation owes the curre	ent vear in	angible	•	
24	25	29	30				Personal Property Tax.	,	Yes	_	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
· ROYI F	, CONNIE			81	Name						
, 1399 N. OCEANSHORE BLVD FLGLER BCH FL 32036			82	Street Addres	et Address (P.O. Box Number is Not Acceptable)						
								,		0	
				84	City			FŁ	85	Zip Code	
Ollinge of Tedi	the provisions of Sections 607.0 stered agent, or both, in the Sta familiar with, and accept the obli	ile di Prorida. Such chi	ande was authorized	nv i	the cornoration	atior 's bo	submits this statement for the ard of directors. I hereby accep		_ changir ntment	ng its registered as registered	
SIGNATURE											
	nature, typed or printed name of registered a			Agent	t signature required v	vhen re	einstating)	DATE			
12.	OFFICERS A	AND DIRECTORS	13.			_	ADDITIONS/CHANGES TO DEE	ICERS AN	ID DIDE	CTOPS IN 12	

CTORS IN 12 TITLE ☐ DELETE 1.1 TITLE Change ☐ Addition NAME BOYLE, CONNIE 1.2 NAME STREET ADDRESS 1399 NORTH OCEANSHORE 1.3 STREET ADDRESS CITY-ST-ZIP FLGLER BCH FL 1.4 CITY-ST-ZIP ☐ 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 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE 4.1 TITLE ☐ 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 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 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 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.

SIGNATURE:

CITY-ST-ZIP

IGNING OFFICER OR DIRECTOR

CR2E034 (11/98)