

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90160 044 ***150.00

DOCUMENT # K38917

1. Corporation Name

SHOWCASE REALTY AND INVESTMENTS, INC.



Principal Place of Business

% STANLEY SYLVAIN
905 N. COURTENAY PKWY.
MERRITT ISLAND FL 32953

Mailing Address

% STANLEY SYLVAIN
905 N. COURTENAY PKWY.
MERRITT ISLAND FL 32953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1988

4. FEI Number

59-3001950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 %Jean T. Burgdorff

2a. Mailing Address

26 %Jean T. Burgdorff

Suite, Apt. #, etc.

22 905 N. Courtenay Pkwy

Suite, Apt. #, etc.

27 905 N. Courtenay Pkwy

City & State

23 Merritt Island, FL

City & State

28 Merritt Island, FL

Zip

24 32953

Country

25

Zip

29 32953

Country

30

9. Name and Address of Current Registered Agent

BEACHAM, WILLIAM C.
905 N. COURTENAY PKWY.
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name Burgdorff, Jean T.
82 Street Address (P.O. Box Number is Not Acceptable)
905 N. Courtenay Pkwy.
83
84 City Merritt Island FL 85 Zip Code 32953

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

Jean T. Burgdorff

Jean T. BURGDOFF

DATE

4/21/99

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	BEACHAM, WILLIAM C.	
STREET ADDRESS	905 N. COURTENAY PKWY.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jean T. Burgdorff	
1.3 STREET ADDRESS	905 N. Courtenay Pkwy.	
1.4 CITY-ST-ZIP	Merritt Island, FL 32953	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Barbara K. Keller	
2.3 STREET ADDRESS	905 N. Courtenay Pkwy.	
2.4 CITY-ST-ZIP	Merritt Island, FL 32953	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 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 a letter like empowered.

SIGNATURE:

Jean T. Burgdorff

Jean T. BURGDOFF

DATE

4-21-99

Daytime Phone #

407-453-7700

x 194

CR2E034 (11/98)

U110620