FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90187 003 ***150.00

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

DOCUMENT # K54061

1. Corporation Name

MOUNT VERNON REALTY CO., INC.

	<u> </u>								[[BB(B[]] ABI B](]] B]B](BB[] BI(]] BI(]]	#			
Principal Place of Business Mailing Address													
3701 S OSPRE			3701 S OSPREY AVENUE										
3701 SOUTH O			3701 SOUTH OSPREY SARASOTA FL 34239					DO NOT WRITE IN THIS SPACE					
sarasota fl : Us	34239	US						3. Date incorporated or Qualifed					
1			••						12/20/1988				
2. Principal Pl	ace of Business	2a. Maili	2a. Mailing Address					4. FEI Number Applied For					
21		26	26					65-0160741		Not A	Applicable		
Suite, Apt. i	#, etc		Suite, Apt. #, etc.								ditional		
22			27	27				-	5.=Certifcate of Status Desired	≐- ^-Fe	e Requ	uired	
City & State			City	City & State					6. Election Campaign Financing \$5.00 May Be				
23			28						Trust Fund Contribution Added to Fees				
Zip Country			Zip	Zip Country					8. This corporation owes the current year Intangible				
24				29 30					Personal Property Tax. XYes No				
	9. Name and	Address of Current	Registered	Agent		т.		1	10. Name and Address of New Registered	I Agent			
	= 501141	. 5				81	Name						
	MAN, F DONAL					Street A	Address (P.O. Box Number is Not Acceptable)						
_	S OSPREY A												
SAH	asota FL 342	39				83							
1						84	City	-		. 85	Zip Co	de	
ļ							•	_	<u></u>	L	•	J	
11. Pursuant office or reagent. I as	to the provisions egistered agent, m familiar with, a	of Sections 607.0502 or both, in the State on accept the obligat	2 and 607.15 of Florida. Su ions of, Sect	08, Florida Statu ich change was ion 607.0505, Fl	ites, the a authorized orida Stati	bove by t utes.	e-named of the corpo	corporat oration's	ation submits this statement for the purpose of shoard of directors. I hereby accept the appearance of the statement for the purpose of the submit statement for the purpose of the purpos	if changin pintment a	g its re as regis	egistered stered	
SIGNATURE								_					
	Signature, typed of prin	nted name of registered agen				Agent	t signature re	equired wh	Pen reinstating) DATE	ND DIDE	CTOB	C IN 42	
12.		OFFICERS AN	D DIRECTO	AS DELETE	13.		1		ADDITIONS/CHANGES TO OFFICERS A	Cha		Addition	
TITLE	P	DEDT O		P DELETE	1.1 117						gc		
NAME COWLES, ROBERT C.				1.2 NAME									
STREET ADDRESS 3701 S OSPREY AVE							ADDRESS					ì	
CITY-ST-ZIP	SARASOTA F	<u>. </u>		☐ DELETE		TY-ST	-ZIP	\$		Cha	nae	Addition	
TITLE	VPS	DONALD		□ OELETE	2.1 π			*		ES ON	9-	٠,٠٠	
NAME				22 N			,			,			
STREET ADDRESS						3 STREET ADDRESS . 4 CITY-ST-ZIP							
CITY-ST-ZIP	SARASOTA F	<u>. </u>		☐ DELETE	2. 4 C	_	T-ZIP	v25		Cha	inge	Addition	
TITLE				C percit	3.1 II				and Herman		3-	•	
NAME							ADDRESS		, S. OSPREY AVE				
STREET ADDRESS							1	_					
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				OLCCIL							•	-	
NAME .					4. 2 NAME 4.3 STREET ADDRESS						Ì		
STREET ADDRESS							1						
CITY-ST-ZIP TITLE				DELETE	4.4 CI 5.1 TT	TY-8]	-ZIP	ļ .		Cha	inge	☐ Addition	
NAME					5.2 NA		l		•	_	-	_	
							ADDRESS						
STREET ADDRESS	roman					TY-ST			•				
CITY-ST-ZIP	* 4			☐ DELETE	6.1 Tr			<u> </u>		Cha	inge	Addition	
	in the				6.2 N		1				•	_	
NAME (-)	*						ADDRESS						

field with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inherital annual properties true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an executer of tyles amonwhere the executer this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information sup-indicated on this annual report or supp-officer or director of the corporation of Block 12 or Block 13 if changed.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP