Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90077 029 ***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 # K57877

1. Corporation Name

Pam bin	IGEMANN REALTY, INC.				
Principal Place	of Business	Mailing Address			
832-5 HIGHWAY A1A M PONTE VEDRA FL 32082 US 832-5 HIGHWAY A1A N PONTE VEDRA FL 32082 US			DO NOT WRITE IN THI	S SPACE	
				3. Date Incorporated or Qualifed 01/12/1989	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number 59-2927108	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year le	
24	25	29 30	<u> </u>	Personal Property Tax. 10. Name and Address of New Registered	
9. Name and Address of Current Registered Agent 81 Name				IV. (Valle allu Address of Now Registers.	u , tguit
	R, WILLIAM H JR			ress (P.O. Box Number is Not Acceptable)	
10110 SAN JHOSE BLVD					
10110 SAN JOSE BLVD			83		
JACKSONVILLE FL 32257			84 City		85 Zip Code
		and 607,1508, Florida Statutes.	the above-named corp	oration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State on familiar with, and accept the obligation	f Florida. Such change was auft	sorized by the corporation	on's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	milania wan ana angope, mo oongoo	5,15 c., C4c			
SIGNATURE	Signature, typed or printed name of registered agent		egistered Agent signature require		NO DIDECTORS IN 42
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	PID DAMELA W	☐ DELETE	1.1 TITLE		Criange
NAME	BINGEMANN, PAMELA W. 143 S. ROSCOE BLVD.		1.2 NAME	,	
STREET ADDRESS	PONTE VEDRA BEACH FL		1.3 STREET ADDRESS		
CITY-\$T-ZIP	VPSD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE	BINGEMANN, CHRISTOPHER D		2.2 NAME		
NAME STREET ADDRESS	408 ATLANTIC BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL		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			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY- \$T-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		□ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
imme '	l .	LI UELETE			

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ICER OR DIRECTOR