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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # K62846

-PALMERI REALTY, INC.

OAKS REALTY INC

**FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90064 024 \*\*\*150.00



| Principal Place of Business  ***RABOTA FL ***323 ***  **SARASOTA FL ***323 ***  **SUITE, Apt #, etc.  **SUITE, A | Principal Place of B | Business                    |                             |                  |              | ] .                                    |                                       |  |  |
|--|----------------------|-----------------------------|-----------------------------|------------------|--------------|--|---------------------------------------|--|--|
| SARASOTA FL 34238  2. Principal Place of Business 21. 8 9 5 0 S 0 T AM I AM I TR 26  | 7007 S. TAMIAMI TR   |                             |                             |                  |              |  |                                       |  |  |
| SARASOTA FL 34238  2. Principal Place of Business 21. 8 9 5 0 S 0 T AM I AM I TR 26  |                      | AL 8830 SOTAMIAN            | (1-7027-S. TAMIAMI TRAIL 22 | 4 STUA           | ME 5         |  |                                       |  |  |
| 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. A Mailing Address 2. Mailing Address 3. Date Incorporated or Qualifed 01/26/1989 4. FEI Number 4. FEI Number 5. Certificate of Status Desired 5. See Required 6. Election Campaign Financing 7. Trust Fund Contribution 7. State 7 | CADACOTA EL -04994   |                             |                             |                  | L            |  |                                       |  |  |
| 2. Principal Place of Business 2. Mailing Address 3. FEI Number 65-0104943  Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. FEI Number 65-0104943  Suite, Apt. #, etc. 5. Certificate of Status Desired   |                      |                             | •                           | 34229            | )            | 3. Date Incorporated or Qualifed       |                                       |  |  |
| 22. Principal Place of Business 21. 8930 S D TAMIAMI TR 22. 329 S T JAMES 22. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 24. Suite, Apt. #, etc. 25. Certificate of Status Desired  |                      | 34238                       |                             | - • .            |              | 01/26/1989                             |                                       |  |  |
| Suite, Apt. #, etc.   Sinday   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Sinday   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Sinday   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Sinday   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Sinday   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Sinday   Suite, Apt. #, etc.   Sinday   Suite, Apt. #, etc.   S   | 2 Principal Place o  | of Business                 | 2a. Mailing Address         |                  |              |  | Ap                                    | plied For                              |  |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   | 2 QOSO S             | SO TAMIAMI TR               | 26 229 ST                   | JAME             | S            | 65-0104943                             |                                       |  |  |
| City & State  Country  Country  Country  Country  Country  Added to Fees  Name and Address of Current Registered Agent  PALMERI, CHARLES J.  299 ST. JAMES PARK  OSPREY FL 34229  81 Name  PALMERI, CHARLES J.  299 ST. JAMES PARK  OSPREY FL 34229  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  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 agent, I am familiar with, and accept the offigations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  City & State  Trust Fund Contribution  Trust Fund Contribution  Added to Fees  Added to Fees  Country  Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes.  FG 3 1 9 9 9  OATE  OATE  OFFICERS AND DIRECTORS IN 12   |                      |                             |                             |                  |              | 5 Certificate of Status Desired        |                                       |  |  |
| City & State  23 SARASOTA FL 28 OSAREY FL  24 Sip Country  25 SARASOTA 29 34 2 2 9 30 SARASOTA  9. Name and Address of Current Registered Agent  PALMERI, CHARLES J.  299 ST. JAMES PARK  OSPREY FL 34229  84 City  10. Name and Address of New Registered Agent  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 agent, a manual transition of the provisions of Sections 607,0502 and 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, the afamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    Change   Additional Country   Change   Additional Change   Additi |                      |                             | 27                          |                  |              | 3. Certificate of Catalogue 193        |                                       |  |  |
| Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Second Property Tax.   Yes   No   Name and Address of Current Registered Agent   Street Address (P.O. Box Number is Not Acceptable)   Palmers, CHARLES J.   299 ST. JAMES PARK   OSPREY FL 34229   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O.   |                      |                             |                             | <u> </u>         |              | 6. Election Campaign Financing         |                                       |  |  |
| Zip Country  Zip Country  Zip Country  Zip Country  3 4 2 3 6 25 SA RASOTA 29 3 4 2 2 9 30 SAR #SOTA Personal Property Tax.  | SARA.                | SOTA FL                     | 28 OSPREY                   |                  |              | Trust Fund Contribution                |                                       | o Fees                                 |  |
| 9. Name and Address of Current Registered Agent  PALMERI, CHARLES J. 299 ST. JAMES PARK OSPREY FL 34229  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  FL 85 Zip Code  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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIgnature. Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  OFFICERS AND DIRECTORS IN 12  Change Additional Change Agent Agent Agent Signature required when reinstating Change Additional Chang | Zip                  | Country                     |                             |                  |              | 1                                      |                                       | Пыс                                    |  |
| PALMERI, CHARLES J. 299 ST. JAMES PARK OSPREY FL 34229  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  P  In Name and Address of New Registered Agent Registered Agent Address of New Registered Agent Address of New Registered Agent Registered Agent Address of New Registered Agent Address o | 24 3423°             | 8 25 SARASOTA               |                             | SARA             | 50TA-        |  |                                       | LINO                                   |  |
| PALMERI, CHARLES J. 299 ST. JAMES PARK OSPREY FL 34229  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL  85 Zip Code  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  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  P  OCHANGE  Change  Additional Acceptable)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  | 9.                   | Name and Address of Current | Registered Agent            |                  |              | 10. Name and Address of New Registe    | Ted Agent                             |  |  |
| 299 ST. JAMES PARK OSPREY FL 34229  83  84 City  FL  85 Zip Code  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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  OFFICERS AND DIRECTORS IN 12.  TITLE  P  DELETE  1.1 TITLE  |                      |                             |                             | 1 1              |              |  |                                       |  |  |
| OSPREY FL 34229  83  84 City  FL  85 Zip Code  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  Signature, typeo or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  OFFICERS AND DIRECTORS IN 12.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  P  |                      | ·                           |                             | 82 Str           | et Addre     | ss (P.O. Box Number is Not Acceptable) |                                       |  |  |
| 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 have been appointm |                      |                             |                             |                  |              |  | · · · · · · · · · · · · · · · · · · · |  |  |
| 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  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  P  Change Additional Control of the purpose of changing its registered agent as registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  Change Additional Change Chang | OSPREY               | FL 34229                    |                             | 83               |              |  |                                       |  |  |
| 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  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  P  DELETE  1.1 TITLE   |                      |                             |                             | 84 Cit           | ,            |  | 85 Zip                                | Code                                   |  |
| office or registered agent, or both. In the State of Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  P  DELETE  1.1 TITLE  |                      |                             |                             | 1 1 '            |              |  |                                       |  |  |
| 12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE P   | SIGNATURE            | Charles & tak               | meri Tis                    |                  | ure required | when reinstating) FEB                  | E                                     |  |  |
| TITLE P DELETE 1.1 TITLE   |                      |                             |                             | 13.              |              | ADDITIONS/CHANGES TO OFFICER           |                                       |  |  |
|  |                      |                             | ☐ DELETE                    | 1.1 TITLÉ        |              | •                                      | ☐ Change                              |  |  |
|  |                      | ALMERI, CHARLES J.          |                             | 1.2 NAME         |              |  |                                       |  |  |
| STREET ADDRESS 229 ST. JAMES PARK 1.3 STREET ADDRESS   |                      |                             |                             | 1.3 STREET ADDR  | ESS          |  |                                       |  |  |
| OSPREY FL 34229  | 00                   |                             |                             | 1.4 CITY-ST-ZIP  |              |  |                                       | - Additio                              |  |
| TITLE DELETE 2.1 TITLE Change Addi   |                      |                             | ☐ DELETE                    | 2.1 TITLE        |              |  | Change                                | Additio                                |  |
| NAME 2.2 NAME  | NAME                 |                             |                             | 2.2 NAME         |              | •                                      |                                       |  |  |
| STREET ADDRESS 23 STREET ADDRESS   |                      |                             |                             | 2.3 STREET ADDR  | ESS          | هاليه الأسور                           |                                       |  |  |
| 2.4 CITY-ST-ZIP  |                      |                             |                             | 2. 4 CITY-ST-ZIP |              |  |                                       | —————————————————————————————————————— |  |
| Change   Add   | TITLE                |                             | ☐ DELETE                    | 3.1 TITLE        |              | •                                      | Change                                | Addition                               |  |
| DELETE SATIRE  | NAME                 |                             |                             | 3.2 NAME         | }            |  |                                       |  |  |
| TITLE DELETE 3.1 TITLE   | 1                    |                             |                             | 3.3 STREET ADDR  | ESS          |  |                                       |  |  |
| TITLE 3.1 TITLE 3.2 NAME 3.2 NAME  | 1                    |                             |                             | 3.4. CITY-ST-ZIP |              |  | C) Character                          | □ Addition                             |  |
| TITLE  DELETE  3.1 TITLE  NAME  3.2 NAME  STREET ADDRESS  3.3 STREET ADDRESS  3.4. CITY- ST-ZIP  | TITLE                |                             | ☐ DELETE                    | 4.1 TITLE        | 1            |  | Change                                |  |  |
| TITLE         DELETE         3.1 TITLE           NAME         32 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         34. CITY-ST-ZIP         Change         Add   | NAME                 |                             |                             | 4. 2 NAME        |              |  |                                       |  |  |
| TITLE  | STREET ADDRESS       |                             |                             | 4.3 STREET ADD   | ESS          |  |                                       |  |  |
| TITLE         DELETE         3.1 TITLE           NAME         32 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         34. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE           NAME         4.2 NAME           4.1 STREET ADDRESS  |                      |                             |                             | 4.4 CITY-ST-ZIP  |              |  | FT 01                                 |  |  |
| TITLE         DELETE         3.1 TITLE           NAME         32 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         34. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           4.4 CITY-ST-ZIP         4.4 CITY-ST-ZIP   | TITLE                |                             | ☐ DELETE                    | 5.1 TITLE        | 1            |  | ∪ cnange                              |  |  |
| TITLE  | NAME                 |                             |                             | 5.2 NAME         |              | •                                      |                                       | •                                      |  |
| TITLE  | STREET ADDRESS       |                             |                             | 5.3 STREET ADD   | RESS         |  |                                       |  |  |
| TITLE  | 1                    |                             |                             | 5.4 CITY-ST-ZIP  |              |  | C Observe                             |  |  |
| TITLE  | TITLE                |                             | ☐ DELETE                    | 6.1 TITLE        |              |  | Change                                |  |  |
| TITLE  | NAME                 |                             |                             | 6.2 NAME         |              | •                                      |                                       |  |  |
| TITLE  | STREET ADDRESS       |                             |                             | 6.3 STREET ADD   | RESS         |  |                                       |  |  |

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: