

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 # K78545

1. Corporation Name

LATITUDE 24 REAL ESTATE, INC.

Principal Place of Business

31281 OVERSEAS HWY.  
MM 31.3 GULFSIDE  
BIG PINE KEY FL 33043-0925  
US

Mailing Address

P O BOX 430925  
BIG PINE KEY FL 33043-1605  
US

FILED

99 JAN -8 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1989

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

24 Zip 25 Country

2a. Mailing Address

26 P.O. Box 430925  
Suite, Apt. #, etc.

City & State

28 Big Pine Key, Florida

29 Zip 33043-0925 30 Country U.S.

4. FEI Number

65-0119428

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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.

X Yes

No

9. Name and Address of Current Registered Agent

VOWELS, CHARLES H. III  
31281 OVERSEAS HWY. MM 31.3  
BIG PINE KEY FL 33043

10. Name and Address of New Registered Agent

81 Name

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME VOWELS, III, CHARLES H.

STREET ADDRESS P O BOX 430585 N/A  
CITY-ST-ZIP BIG PINE KEY FL 33043-0585

TITLE STD ☐ DELETE

NAME VOWELS, MERCENE

STREET ADDRESS P O BOX 430585 N/A  
CITY-ST-ZIP BIG PINE KEY FL 33043-0585

TITLE VD ☐ DELETE

NAME ABBOTT, DOROTHY SUE

STREET ADDRESS P O BOX 430431  
CITY-ST-ZIP BIG PINE KEY FL

TITLE ☐ DELETE

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS P.O. Box 431605 / 31440 Roosevelt St.  
1.4 CITY-ST-ZIP Big Pine Key, Florida 33043-1605

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS P.O. Box 430585 / 353 Sandy Circle West  
2.4 CITY-ST-ZIP Big Pine Key, Florida 33043-0585

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS Big Pine Key, Florida 33043-0431

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 500002749235--9  
-01/21/99--01038--005  
4.4 CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS 500002749235--9  
-01/21/99--01038--006  
5.4 CITY-ST-ZIP \*\*\*\*\*8.75 \*\*\*\*\*8.75

6.1 TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Charles H. Vowels III

6 January 1999 (305) 872-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

017385

CR2E034 (11/98)