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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K85285

(0)

PLACIDA PROPERTIES, INC.

		FILEL)
Apr	14	1998	8:00am
Se	cre	tary o	f State



Principal Place of Business Mailing Address							1111	10111 FOX (BIE)	DANKO ALDADI ADIO	E WHIE WARH	OIDII DIDA BIBAF D	FAN BINI NO		
5370 GULF OF MEXICO DR 5370 GULF OF MEXICO DRI LONGBOAT KEY FL 34228 US US						-	DO NOT WRITE IN THIS SPACE							
								'		•	o or addime			
2. Principal F	Place of Busi	ness	28.	. Mailing Address				- 4						Applied For
21	<u> </u>		26						65	0141853	}			Not Applicable
Suite, Apt.	<u> </u>		27	· · · · · · · · · · · · · · · · · · ·					5. Certifi	cate of Stat	us Desired			
City & Stat			28	City & State				6			-	,	7	
Zip	Country			Zip Country			8	8. This corporation owes or has paid the current year Intangible						
24	5 Nome	25	29	days d. Assessed	30									□ No
			S370 GULF OF MEXICO DRI LONGBOAT KEY FL 34228 US											
			REUl	ER		"	IVANIRO							
		F MEXCIO DRIVE EY FL 34228				82	Street	Address (ess (P.O. Box Number is Not Acceptable)					
LV	WODONI N	E1 FL 34220				63	 							
	٠.					-	City				· -· · · · · · · · · · · · · · · · · ·		lee le	
				607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) DATE ECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE										
11. Pursuant office or agent. La	to the provis registered aç ım familiar w	ions of Sections 607.056 gent, or both, in the State ith, and accept the oblig	02 and 6 of Flori ations o	07.1508, Florida St da. Such change w f, Section 607.0505	atutes, the avas authorized, Florida Sta	abov ed be	e-named the cor	corporati poration's	ion subm board o	its this state f directors.	ement for th I hereby ac	e purpos cept the	se of changing appointment a	its registered is registered
SIGNATURE														
12.	Signature, typed					-	ent signature	e required who			GES TO OF			DC IN 10
TITLE	PTD	OT HOLING AN	D OITE					T	VDDIII	UNS/UNAIN	GES TO OF	ricens /		
NAME		AN; ELIZABETH A		-				BRE	UEO	FIIS	AACTU	1	GET OHOUGH	
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TITLE	D			☐ DELETE	2.1 1	ITLE							☐ Change	Addition
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CITY-ST-ZIP		DAT KEY FL												
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STREET ADDRESS							ADDRESS							
CITY-ST-ZIP														
TITLE				DELETE				1					Change	☐ Addition
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STREET ADDRESS					6.3 S	TREET	ADDRESS	ł						
CITY-ST-ZIP					6.4 0	ITY-S	T-ZIP	<u> </u>						

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 suppliemental 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 trusted 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.

SIGNATURE:

Expore a. frem

4/6/98

941-383-6424