## 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 # K86668**

1. Corporation Name

CALYPSO PROPERTIES, INC.

## **FILED** Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90007 019 \*\*\*150.00



Principal Place of Business   Mailing Address							
PELHAM MANOR NY 10803  945 SPRING ROAD PELHAM MANOR NY 10803  2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Suite, Apt. #, etc. 2. Principal Place of Business 3. Date incorporated or Qualifed 05/09/1989  4. FEI Number 58-1851251  South, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Requi	Principal Place	ce of Business	Mailing Address			I (GB) \$16. \$01 : 01/0 Billio	
2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. Stip 2. Country 2. Country 2. Country 2. Country 2. Description owes the current year Intangible Personal Property Tax.  2. Personal Property Tax.  2. Personal Property Tax.  2. Personal Property Tax.  2. Street Address (P.O. Box Number is Not Acceptable)  2. Street Address (P.O. Box Number is Not Acceptable)			945 SPRING ROAD				_
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27 City & State City & State City & State  City & State  Zip Country  Zip Country  Zip Country  Signature  Country  Added to Feet  Added to Feet  Fee Required  6. Election Campaign Financing Added to Feet  Trust Fund Contribution Added to Feet  8. This corporation owes the current year Intangible Personal Property Tax.  9. Name and Address of Current Registered Agent  ROCKRISE, SALLY S  707 CHILLINGWORTH DRIVE  Street Address (P.O. Box Number is Not Acceptable)			<del></del>			30 100 IEO	$\dashv$
28 Trust Fund Contribution Added to Fee:  Zip Country Zip Country  24 25 29 30 Personal Property Tax. Yes No  9. Name and Address of Current Registered Agent  ROCKRISE, SALLY S 707 CHILLINGWORTH DRIVE  Trust Fund Contribution Added to Fee:  8. This corporation owes the current year Intangible Personal Property Tax.  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)		. #, etc.	<u>├</u> ¬ ' '			5. Certificate of Status Desired	_
Zip Country Zip Country B. This corporation owes the current year Intangible Personal Property Tax. Yes No.  9. Name and Address of Current Registered Agent  ROCKRISE, SALLY S 707 CHILLINGWORTH DRIVE  8. This corporation owes the current year Intangible Personal Property Tax.  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)	City & State	ite	City & State				_
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9. Name and Address of Current Registered Agent  ROCKRISE, SALLY S 707 CHILLINGWORTH DRIVE  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)	Zip	<del></del>	<u></u>	Country			1
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ROCKRISE, SALLY S 707 CHILLINGWORTH DRIVE  82 Street Address (P.O. Box Number is Not Acceptable)		9. Name and Address of Current	Registered Agent	04	Nome	10. Name and Address of New Registered Agent	┪
707 CHILLINGWORTH DRIVE	noci	CUDICE CALLY C		01	Name		
WEST PALM BEACH FL 33401				82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
	WEST	ST PALM BEACH FL 33401		83			
84 City FL 85 Zip Code					' '	<b>.FL</b>   T	
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE (NOTE: Begistered Apart signature required when reinstating)  DATE	SIGNATURE	<u> </u>				DATE	
Signature, typed or printed name of registered agent and until a approach.					nt signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	$\exists \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
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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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR