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

1	1999		DIVISION OF C	ORPOR	OITA	NS		03-23-1999	90029 0	04 ***150.	00
	MENT # K99935	,	,								
•	FLORIDA REAL ESTATE SE	RVICE	S CORP.								
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Principal Place	of Business	Ma	iling Address						iti di Bi ti Alah	MENTAL ATAIL ATAIL A	1811 BIEIL 1881
5770 YAHL ST	•) YAHL ST #102								
NAPLES FL 341			LES FL 34109							0.004.05	
US		US						DO NOT WR		S SPACE	
							3. Date Incorpor		1		{
	- CP	1 0-	Mailing Address				07/06/198 4. FEI Number	y		ΙΔn	plied For
·	ace of Business		Mailing Address		_	رب میدامیدی	65-021635	. .			t Applicable
Suite, Apt.	# otc	26	Suite, Apt. #, etc.							\$8.75 A	
	r, 610.	27	Outo, 1 pt. 11, 010.				5. Certifcate of	Status Desired		Fee Re	
City & State			City & State		-		6. Election Cam	paign Financing		\$5.00	Mav Be
23		28	•	•			Trust Fund C			Added t	
Zip	Country		Zip	Coul	ntry		8. This corporal	ion owes the cu	rrent year Ir	ntangible	
24	25 29			30			Personal Property Tax. Yes WNo				
. '	9. Name and Address of Current Registered Agent						10. Name and A	ddress of New	Registered	d Agent	
	ADTINIO				81	Name					
	HER, ARTHUR J.				82	Street Addr	ess (P.O. Box Numb	er is Not Accep	table)	·	
5770 YAHL ST #102 NAPLES FL 34109											
NAPI	LES PL 34109				83						
					84	City			FI	85 Zip (Code
•			_							<u> </u>	radistored
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 60 of Florid)7.1508, Florida Statute a. Such change was au	es, the at uthorized	oove-r	named corp le corporation	oration submits this on's board of directo	statement for th rs. I hereby acc	e purpose o ept the appo	ointment as re	gistered
agent. I a	m familiar with, and accept the obliga	tions of,	Section 607.0505, Flor	ida Statu	ıtes.						
SIGNATURE			21075	Desistend	A	ienetus sentim	d when reinstating)		DATE		\
12.	Signature, typed or printed name of registered ager OFFICERS AN			13.	Ago: u s	agriatore require		HANGES TO O		AND DIRECTO	RS IN 12
TITLE	P .		□ DELETE	1.1 70	LE					Change	☐ Addition
NAME	MAGHER, ARTHUR J.			1.2 NA	ME				4		
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CITY-ST-ZIP	NAPLES FL			1.4 CII	TY-ST-Z		-				
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NAME				6.2 NA		ODDECC					
STREET ADDRESS	I			■ 5.3 S1	IKEEL A	ODRESS					1

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 of 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90029 004 ***150.00