05-06-1999 90163 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L09582**

1. Corporation Name

FEDERAL HOME PROPERTIES, INC.

Principal Place	e of Business	Mailing Address			1 100110(1 8(1 00110 1810) 1810 11811 918	17 51611 61617 67671 61	
2626 5TH AVE. N. ST. PETE FL 33713 US		2626 5TH AVE. N. ST. PETERSBURG FL 33713 US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 08/16/1989		
─ `	lace of Business	2a. Mailing Address			4. FEI Number 59-2965985	- + · · ·	plied For Applicable
Suite, Apt.	# 010	Suite, Apt. #, etc.			39-2903903	\$8.75 A	
	#, etc.	27		·		Fee Re	
City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Re
23	-	28			Trust Fund Contribution	Added to	•
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	Yes	√ No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ad Agent	
OUD			81	Name			
	RY, WILLIAM J.		82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
	7TH AVE		-	0			
SI. I	PETERSBURG FL 33706		83				
			84	City		85 Zip C	ode.
			04	City	F	:L 55 24 5	,ouc
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was au	thorized by	the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as reg	gistered
OIONATONE	Signature, typed or printed name of registered ager			nt signature requi	ired when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D DATE DATE	DELETE 1.1 TIT				Change	Addition
NAME	BAUMGARTNER, DARYL J.		1.2 NAME				
STREET ADDRESS			1.3 STREE	TADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			ST-ZIP			□ Addition
TITLE	D					Change	☐ Addition
NAME	CURRY, WILLIAM J.						
STREET ADDRESS	AT ACTEROPURA EL		`	TADORESS			
CITY-ST-ZIP			2. 4 CfTY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE 3.1 Tr					
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. C/TY-: 4.1 TITLE	ST-ZIP		Change	☐ Addition
TITLE						onango	
NAME			4.2 NAME 4.3 STREET ADDRESS				
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	it-ZIP	<u> </u>	Change	Addition
TITLE			5.1 IIILE 5.2 NAME			L. Jimigo	, iddillon
NAME				T ADDRESS			
STREET ADDRESS			5.4 CITY-5				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	/1-4JF		☐ Change	Addition
TITLE	y the same of		6.2 NAME			_ 5590	
NAME STREET ADDRESS	* 2 + 1			TADDRESS			
SIDERI ADDDECC			V V1 144				

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 an other like empowered.

6.4 CITY+ST+ZIP

SIGNATURE: _____SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

F SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)