PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90087 024 ***150.00

LIN N. W	VELCH K	EALTY, INC.										
Principal Place	of Busines	s	Maili	ing Address		•			T \$0017011 000 (3100 31150 11910 11			II B1811 B1811 IVDI
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US			US					-		HE IN I HIS	SPACE	
									3. Date Incorporated or Qualifed			
									11/27/1989 4. FEI Number			Applied For
2. Principal Place of Business			— —	2a. Mailing Address								Not Applicable
21			26	Nuite And H ata				-	65-0178164			Additional
Suite, Apt. :	#, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired		v	Required
	e	****		City & State				i	6. Election Campaign Financing		\$5.0	0 May Be
23	-		28	•					Trust Fund Contribution	Ш		d to Fees
		Country			Col	untry			8. This corporation owes the curr	rent year Int	angible	
24		25	29		30			ļ	Personal Property Tax.		☐ Yes	□No
	9. Name		urrent Registe	red Agent				**	10. Name and Address of New I	Registered .	Agent	
			<u> </u>			81	Name					İ
WELCH, LINDA N						82	2 Street Addre		s (P.O. Box Number is Not Accept	able)		
City & State 23 Zip Country 24 25 9. Name and Address of Curr					83							
	IE 22 Meyers fl	33912				03						_
1 1 14	METERIO I C	_ 009 IZ				84	City			FL	85 Zi	p Code
11 Dumuent	to the provis	ions of Sections 60	7 0502 and 607	7 1508 Florida Statu	tes the a	shove	-named co	comora	ation'submits this statement for the	numose of	changing	its registered
office or re	egistered ag m familiar w	gent, or both, in the S ith, and accept the c	State of Florida obligations of, S	. Such change was Section 607.0505, Flo	authorize orida Stat	d by t tutes.	the corpora	ration's	s board of directors. I hereby acce	pt the appoi	ntment as	registered
•												1
SIGNATURE												}
	Signature, types	d or printed name of register					signature req	quired w	hen reinstating)	DATE	ID DIBEC	TORS IN 12
12.			red agent and title if a	TORS	13.	. •	signature req	quired w	nen reinstating) ADDITIONS/CHANGES TO OF			
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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 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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP