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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L84330**

1. Corpora ion Name

E & P PROPERTIES, INC.

FILED
Apr 27, 1999 8:00 am
Secretary of State
04.27.1000.00015.047.***150.00



1 Till Cipai 1 1200	of Business	Mailing Address										
230 LOOKOUT I	PL	230 LOOKOUT PL										
SUITE 200		SUITE 200	***			DO NOT WRITE IN THIS SPACE						
MAITLAND FL 3	2751		MAITLAND FL 32751				3. Date Ir corporated or Qualifed					
US		US										
						06/29/199 4. FEI Number	<u>no</u>			TAnn	ied For	
2. Principa Pla	ace of Business	2a. Maiting Address					05		-		Applicable	
21		26				59-30151	95		£0		ditional	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of	Status Desired			e Reci	,	
22		27										
City & State	9	⊢	City & State				npaign Financing			. 00 M	· 1	
23		28				Trust Fund C				ded to	1 003	
Zip	Country	Zip	Cou	ıntry			tion owes the curre	ent year i	ntangible Yes	, ի	No	
24	25		30			Personal Pro	Address of New R	agistoro			\	
	9. Name and Address of Currer	t Registered Agent		81	Name	IU. Name and A	duiess of New I	egistere	Agent			
DIED	CEELEI D. DAVAD S			"								
	CEFIELD, DAVID S.		Ī			ress (P.O. Box Num	ber is Not Accepta	ıble)				
!	LOOKOUT PL, SUITE 200											
\$221				83								
MAH	'LAND FL 32751			84	City				85	Zip C	ode	
					•			F				
11. Pursuant t	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statu	tes, the a	bove	e-named ccrp	oration submits this	statement for the	purpose :	of changu ointment	ng its ra as req	egistered stered	
office crre agent. ⊢ar	egistered agent, or both, in the State m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Stat	utes.	une corpornia	on a bould of throots	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			·		
SIGNATUFE	_											
SIGNATURE	Signature, typed or printed na ne of registered age				t signature require	ed when reinstating)		DATE			0.11.40	
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/0	CHANGES TO OF	FICERS			Addition	
TITLE	PTD	☐ DELETE	1.1 T)	ITLE					□ Ch	ange	☐ Addition	
NAME	PEREZ, VICENTE		1.2 N	AME								
STREET ADORESS	16 S DOLLIUS AVE		1 3 S	TREET	ADDRESS							
CITY-ST-ZIP											,	
	ORLANDO FL			ITY-ST	1-ZIP							
TITLE	ORLANDO FL VSD	☐ DELETE			1-ZIP				☐ Ch	ange	Addition	
TITLE NAME	VSD	☐ DELETE	1.4 C	ITLE	-ZIP		. 		☐ Ch	ange	Addition	
NAME	VSD ESPAILLAT, JUANE	☐ DELETE	1.4 C 2.1 TI 2 2 N	ITLE AME	ADDRESS				☐ Ch	ange	Addition	
NAME STREET ADDRESS	VSD ESPAILLAT, JUANE 208 ATHERSTONE CT.	☐ DELETE	2.1 TI 2.2 N 2.3 S	ITLE AME	ADDRESS							
NAME	VSD ESPAILLAT, JUANE	☐ DELETE	2.1 TI 2.2 N 2.3 S	ITLE AME TREET CITY-S	ADDRESS				☐ Ch		☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VSD ESPAILLAT, JUANE 208 ATHERSTONE CT.		2.1 TI 2.2 N. 2.3 S 2.4 C	ITLE AME TREET CITY-S	ADDRESS							
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14. Herety 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 of 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 changer, or an antactment with an address, with all other like empowered.