PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L86558

VON KAENEL REAL ESTATE OF FLORIDA, INC.

22 27 5. Certificate of Status Desired Feet	Applied For Not Applicable 75 Additional e Required 00 May Be ded to Fees
3. Date Incorporated or Qualifed 07/05/1990 2. Principal Place of Business 2. April 1990 2. Principal Place of Business 2. April 1990 2. Find Place of Business 2. April 1990 3. Date Incorporated or Qualifed 07/05/1990 4. FEI Number 59-3039787 5. Certifcate of Status Desired \$8.7 Fee \$	Applied For Not Applicable 75 Additional e Required 00 May Be ded to Fees
2. Principal Place of Business 2. Adailing Address 2. Fill Number 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Suite, Apt. #, etc. 3. Certifcate of Status Desired Status De	Not Applicable 75 Additional e Required 00 May Be ded to Fees
2. Principal Place of Business 2a. Mailing Address 25	Not Applicable 75 Additional e Required 00 May Be ded to Fees
26 59-3039787 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country Suite, Apt. #, etc. 28 Country B. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent DARVISH, MEHRDAD 12830 SHADY HILLS RD. SPRING HILL FL 34610 26 59-3039787 5. Certifcate of Status Desired Fee City & State City & State City & State Country 8. This corporation owes the current year Intangible Personal Property Tax. Name Street Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable)	Not Applicable 75 Additional e Required 00 May Be ded to Fees
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. Suite in Carpain Financing	75 Additional e Required 00 May Be ded to Fees
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. Suite in Carpain Financing	75 Additional e Required 00 May Be ded to Fees
22	e Required 00 May Be ded to Fees
City & State Country Country Country Registered Agent Country Solution Country Registered Agent Country Registered Agent Country Registered Agent City & State Country Registered Agent Co	ded to Fees
23	ded to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes 9. Name and Address of Current Registered Agent DARVISH, MEHRDAD 12830 SHADY HILLS RD. SPRING HILL FL 34610 2ip Country 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) 83	_
24 25 29 30 Personal Property Tax. Yes 9. Name and Address of Current Registered Agent DARVISH, MEHRDAD 12830 SHADY HILLS RD. SPRING HILL FL 34610 Personal Property Tax. 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 83	□No
9. Name and Address of Current Registered Agent DARVISH, MEHRDAD 12830 SHADY HILLS RD. SPRING HILL FL 34610 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83	No
DARVISH, MEHRDAD 12830 SHADY HILLS RD. SPRING HILL FL 34610 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83	
DARVISH, MEHRDAD 12830 SHADY HILLS RD. SPRING HILL FL 34610 82 Street Address (P.O. Box Number is Not Acceptable) 83	
12830 SHADY HILLS RD. SPRING HILL FL 34610 82 Street Address (P.O. Box Number is Not Acceptable) 83	
SPRING HILL FL 34610	
84 City FL 85 2	Zip Code
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	n its registered
office or 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 at agent. I am familiar with, and accept the obligations of, Section 607.0505; Florida Statutes.	is registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	CTORS IN 12
TITLE V DELETE 1.1 TITLE Chan	nge
NAME MARLOWE, MICHAEL L 1.2 NAME	}
STREET ADDRESS 1031 W MORSE BLVD., 200 1.3 STREET ADDRESS	
SIREET ADDRESS 1001 17 MOTION DE10.1 CO	
WINTED PARK EI	nge Addition
CITY-ST-ZIP WINTER PARK FL 1.4CITY-ST-ZIP	
TITLE PSD DELETE 2.1 TITLE Chan	
TITLE PSD DELETE 2.1 TITLE CHAIN NAME DARVISH, MEHRDAD 22 NAME	, ,
TITLE PSD DELETE 2.1 TITLE CHAIN NAME DARVISH, MEHRDAD 22 NAME STREET ADDRESS 12830 SHADY HILLS RD. 2.3 STREET ADDRESS	
TITLE PSD DELETE 2.1 TITLE CHAIN NAME DARVISH, MEHRDAD 22 NAME STREET ADDRESS 12830 SHADY HILLS RD. 2.3 STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 2.4 CITY-ST-ZIP	
TITLE PSD DELETE 2.1 TITLE CAN NAME DARVISH, MEHRDAD 2.2 NAME STREET ADDRESS 12830 SHADY HILLS RD. 2.3 STREET ADDRESS	
TITLE PSD DELETE 2.1 TITLE CAN NAME DARVISH, MEHRDAD 2.2 NAME STREET ADDRESS 12830 SHADY HILLS RD. 2.3 STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 2.4 CITY-ST-ZIP	
TITLE	
TITLE PSD DELETE 2.1 TITLE Chan NAME DARVISH, MEHRDAD 22 NAME STREET ADDRESS 12830 SHADY HILLS RD. 2.3 STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 2.1 TITLE 2.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS	
TITLE PSD DELETE 2.1 TITLE Chan NAME DARVISH, MEHRDAD 22 NAME 22 NAME 23 STREET ADDRESS 12830 SHADY HILLS RD. 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Chan NAME 3.2 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP TO Chan	nge
TITLE PSD DELETE 2.1 TITLE Chan NAME DARVISH, MEHRDAD 22 NAME 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP CITY-ST-ZIP Chan TITLE DELETE 3.1 TITLE Chan Chan NAME 3.2 NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Chan TITLE DELETE 4.1 TITLE Chan	nge
PSD	nge
DELETE	nge
DELETE	nge Addition
DELETE D	nge Addition
DELETE	nge Addition
DELETE	nge Addition
DELETE	nge Addition
TITLE	nge Addition
DELETE	nge Addition

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 op-an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90305 003 *1,050.00