FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L96750 1. Corporation Name

FLORIDA EXCLUSIVE HOME RENTALS, INC.

	LAGEOGIVE HOWE HENTAL			<u> </u>				
Principal Place	of Business	Mailing Address						
2075 W FIRST :	ST ·	2075 W FIRST ST						
SUITE 300 FORT MYERS FL 33901		SUITE 300			DO NOT WRITE IN TH	IIS SPACE		
FORT MYERS F	F 33901	FORT MYERS FL 33901 US				3. Date Incorporated or Qualifed	100,702	
US	·					08/30/1990		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Apı	plied For
21		26				65-0213207		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	ſ
22	<u> </u>	27				-	Fee Re	
City & State	0	City & State		تحدد		=6.=Election:Campaign:Financing	\$5:00	7 1
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country Zip			Country		8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent		14 L		10. Name and Address of New Register	ed Agent	——-
ENO	HELL INCEDIL C		1	31 Nar	ne			
	LISH, JOSEPH C.		1	32 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)		
	S W FIRST ST	•	L					
	E 300		1	3 3				
FUR	T MYERS FL 33901		, h	34 City			. 85 Zip C	Code
				'		F	·L	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation.	Etorida, Such change was a	uthorized	ov the co	ed corpo orporation	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its pointment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered A	gent signat	ure required	when reinstating) DATE		
12.	OFFICERS AND	·	13.			ADDITIONS/CHANGES TO OFFICERS		RS IN 12 Addition
TITLE	PD .	□ DELETE	1.1 TITL	1.1 TITLE			☐ Change	
NAME.	Burkard, Stephan A.						□ ourmièr	
			1.2 NAM	IE.				C! Addition
STREET ADDRESS	11340 LONGWATER CHASE CT			IE EET ADDRI	:ss		□ o.m.ār	Audilion
STREET ADDRESS CITY-ST-ZIP			1.3 STR		:SS		-	
	11340 LONGWATER CHASE CT	☐ DELETE	1.3 STR	EET ADDRI	:ss		Change	Addition
CITY-ST-ZIP	11340 LONGWATER CHASE CT	☐ D€LETE	1.3 STR	EET ADDRI /- ST-ZIP E	:SS		-	
CITY-ST-ZIP	11340 LONGWATER CHASE CT	☐ D€LETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM	EET ADDRI /- ST-ZIP E			-	
CITY-ST-ZIP TITLE NAME	11340 LONGWATER CHASE CT	☐ D€LETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT	EET ADDRE (-ST-ZIP E IE EET ADDRE Y-ST-ZIP			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	11340 LONGWATER CHASE CT	☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR	EET ADDRE (-ST-ZIP E IE EET ADDRE Y-ST-ZIP		ಇತ್ತಿಯಲ್ಲಿ ಆರ್ಥನ್ ಗಳಾಗ್ ಮಿ.ಇವರು. ಇವರು. ಇ	-	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	11340 LONGWATER CHASE CT		1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT	EET ADDRE (-ST-ZIP E IE EET ADDRE Y-ST-ZIP E		ಇತ್ತಿಯಲ್ಲಿ ಆರ್. ಇ ನೀವರು. ಇತ್ತು. ಇತ್ತಿನ ಇತ್ತು. ಇತ್ತಿ	☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	11340 LONGWATER CHASE CT		1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW	EET ADDRE (-ST-ZIP E IE EET ADDRE Y-ST-ZIP E	SS	ಗಳು ಸಭಾಲ ಭಾ ರ್ಗ ಕರ್ಗಾಗಿ ಜನ-ಅರ್. ಸಭಾಗಿ ತ	☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	11340 LONGWATER CHASE CT	☐'DELETE"	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT	EET ADDRI (-ST-ZIP E EET ADDRI Y-ST-ZIP E EET ADDRI Y-ST-ZIP Y-ST-ZIP	SS	- ಇಸ್ಕಾರ್ಯ ಇಂ ದರೆ. ಇ ಪ್ ಡ. ಇ	☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	11340 LONGWATER CHASE CT		1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR	EET ADDRI (-ST-ZIP E EET ADDRI Y-ST-ZIP E EET ADDRI Y-ST-ZIP Y-ST-ZIP	SS	ಇತ್ತತ್ತು ತಾರ್ವ ಗಳ ಕಾರ್ಯ ಪ್ರವಿಧಾನ. ಇತ್ತಾನ್ನ ಪ್	☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	11340 LONGWATER CHASE CT	☐'DELETE"	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT	EET ADDRE (- ST-ZIP E EET ADDRE Y- ST-ZIP E ME EET ADDRE Y- ST-ZIP E EET ADDRE Y- ST-ZIP E	SS	ాధ్యతాలకాగా గా అాగి కడ్-ఇ ప్రాంధాం. క	☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	11340 LONGWATER CHASE CT	☐'DELETE"	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITT 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITT 4.2 NAM	EET ADDRE (- ST-ZIP E EET ADDRE Y- ST-ZIP E ME EET ADDRE Y- ST-ZIP E EET ADDRE Y- ST-ZIP E	iss iss	ాధ్యాభాల కారా కుర్వా భావాం. క	☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	11340 LONGWATER CHASE CT	☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITT 3.2 NAM 3.3 STR 4.1 TITT 4.2 NAM 4.3 STR	EET ADDRE (- ST-ZIP E EET ADDRE Y-ST-ZIP E EET ADDRE Y-ST-ZIP E	iss iss	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	11340 LONGWATER CHASE CT	☐'DELETE"	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 4.2 NAW 4.3 STR 4.4 CITY 5.1 TITL 5.1 TITL	EET ADDRE E EET ADDRE Y-ST-ZIP E EET ADDRE EET ADDRE EET ADDRE EET ADDRE E EET ADDRE E EET ADDRE E EET ADDRE E EET ADDRE	iss iss		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	11340 LONGWATER CHASE CT	☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITT 3.2 NAM 3.3 STR 4.1 TITT 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITT 5.2 NAM	EET ADDRI (-ST-ZIP EET ADDRI Y-ST-ZIP EET ADDRI EET ADDRI ST-ZIP EET ADDRI (-ST-ZIP EET ADDRI EET ADDRI	255	Figure State of the state of th	☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	11340 LONGWATER CHASE CT	☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAW 3.3 STR 3.4 CITY 4.1 TITL 4.2 NAW 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAW 5.3 STR	EET ADDRE (-ST-ZIP E EET ADDRE Y-ST-ZIP E EET ADDRE Y-ST-ZIP E ME EET ADDRE (-ST-ZIP E ME EET ADDRE	255		☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	11340 LONGWATER CHASE CT	DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAW 3.3 STR 3.4 CITY 4.1 TITL 4.2 NAW 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAW 5.3 STR 5.4 CITY 5.4 CITY 5.4 CITY 5.4 CITY 5.5 CITY 5.7 CITY 5.	EET ADDRE (-ST-ZIP E EET ADDRE Y-ST-ZIP E EET ADDRE (-ST-ZIP E EET ADDRE (-ST-ZIP E EET ADDRE (-ST-ZIP E EET ADDRE (-ST-ZIP E	255	The second se	Change Change	Addition Addition:
CITY-ST-ZIP TITLE NAME STREET ADDRESS	11340 LONGWATER CHASE CT	☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAW 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAW 5.3 STR 5.4 CITY 6.1 TITL 6.1 T	EET ADDRI (-ST-ZIP E EET ADDRI Y-ST-ZIP E EET ADDRI Y-ST-ZIP E EET ADDRI (-ST-ZIP E EET ADDRI (-ST-ZIP E EET ADDRI (-ST-ZIP E	255		☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	11340 LONGWATER CHASE CT	DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAW 3.3 STR 3.4 CITY 4.1 TITL 4.2 NAW 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAW 5.3 STR 5.4 CITY 5.4 CITY 5.4 CITY 5.4 CITY 5.5 CITY 5.7 CITY 5.	EET ADDRI (-ST-ZIP E EET ADDRI Y-ST-ZIP E EET ADDRI Y-ST-ZIP E EET ADDRI (-ST-ZIP E EET ADDRI (-ST-ZIP E EET ADDRI (-ST-ZIP E	255		Change Change	Addition Addition:
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	11340 LONGWATER CHASE CT	DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAW 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAW 5.3 STR 5.4 CITY 6.1 TITL 6.2 NAW	EET ADDRI (-ST-ZIP E EET ADDRI Y-ST-ZIP E EET ADDRI Y-ST-ZIP E EET ADDRI (-ST-ZIP E EET ADDRI (-ST-ZIP E EET ADDRI (-ST-ZIP E	ESS ESS ESS	ಕ್ಷದಲ್ಲಿ ತಾ ರ್. ಕರ್ನಾ ಕ	Change Change	Addition 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 supplied 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

TEINAMAY 26, 1899

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90058 032 ***150.00