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 # M46282

1. Corporation Name

SALLY S. BOON REALTY, INC.

Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90003 011 ***150.00

			_	_			
Principal Place of Business Mailing Address				1)-			15 6.6 166.
Principal Place of Business 10420 S.W. 77TH AVENUE MIAMI FL 33156 US Mailing Address 7605 S.W. 159 TERRACE MIAMI FL 33157 421 OCOLA 3			Los	to D	reve	_	
US US			20	•	DO NOT WRITE IN TH	S SPACE	
	•	Ocala.	H 344	172	3. Date Incorporated or Qualifed 02/09/1987		
Principal Place of Business 2a. Mailing Address				•	4. FEI Number	Apı	plied For
21 26			_		59-2787326	Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A Fee Re		
22 27				6. Election Campaign Financing	\$5.00	May Be	
23					Trust Fund Contribution	Added to	-
Zip			Country		8. This corporation owes the current year I		
24					Personal Property Tax.	Yes	□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent	
BOON, SALLY S.				Name			
7605 S W 159TH TERRACE			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
SUITE 300			83				
MIAMI FL 33157			84	City	F	85 Zip C	Code
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 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 as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 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 IN 12							
TITLE	D	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	_		1.2 NAME	ļ			ţ
STREET ADDRESS	HOOF ON AFO TERR			ADDRESS			1
CITY-ST-ZIP	. 44 4 4 4 7		1.4 CITY-S				
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NAME		2.2 N					
STREET ADDRESS	23\$		2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 GITY-S	T-ZIP	<u>-</u>		
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NAME			3.2 NAME				
STREET ADDRESS		1	3.3 STREET	TADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
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NAME		1	4.2 NAME	Ì			}
STREET ADDRESS		i	4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
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NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				}
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE	2.02.2		6.1 TITLE			☐ Change	☐ Addition
NAME	6.2 N		6.2 NAME	1			

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 appress, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Please: Change my
permanent marking
address on all
records as this
report just reacted
me - Thank you
for your help
Sally & Boon Realty
421 Lake Drive
Deala H (352)
680-8182