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 # MAGGEGT

1. Corporation	PERTIES, INC.				
Principal Place	Mailing Address	iling Address		4 10010001 191 70100 17101 11000 15112 1901 SIBLI GIBLI GIBLI GIBLI GIBLI GIBLI GIBLI GIBLI GIBLI	
% JOHN J. FEELEY JR 111 FOUNTAINEBLEAU BLVD MIAMI FL 33172 US		111 FONTAINBLEAU BLVD MIAMI FL 33172 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
					05/31/1988
Principal Place of Business Za. Mailing Address					4. FEI Number Applied For
26					65-0068541 Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	 	-		5. Certificate of Status Desired Fee Required
22 27 City & State		City & State	City & State		a Florier Compaign Financing \$5.00 May Po
23		28			Trust Fund Contribution Added to Fees
Zip			Countr	у	8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24	9 Name and Address of Current		<u></u>		10. Name and Address of New Registered Agent
			8	1 Name	
FEELEY, JOHN J JR			8:	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)
111 FOUNTAINBLEAU BLVD					
MIAN	11 FL 33172		8:	3	
			8-	4 City	FL 85 Zip Code
. 11. Pursuant office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligati	and 607.1508, Florida Statutes of Florida. Such change was aut ons of, Section 607.0505, Florid	s, the abor thorized by da Statute	ve-named co y the corpora s.	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE					ulired when reinstating) DATE
organization of the contract o			13.	ent signature requ	pulred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PSTD OFFICERS AND				ABBITIONAL TANGES TO CITIERS AND BINES ON THE PROPERTY AND BINES OF TH
NAME	FEELEY, JOHN J.		1.2 NAME		
STREET ADDRESS	111 FOUNTAINEBLEAU BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FEELEY, VICKI		2.2 NAME		
STREET ADDRESS	111 FOUNTAINEBLEAU BLVD		2.3 STRE	ET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		!
STREET ADDRESS	-			ET ADDRESS	× .
CITY-ST-ZIP			3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE 4. 2 NAME		□ Quendo □ Dodanou
NAME					
STREET ADDRESS		•		ET ADDRESS	
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		· Change
NAME		<u> </u>	5.2 NAME		
STREET ADDRESS			5.3 STRE	ET ADDRESS	,
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	:	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STRE	ET ADDRESS	

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 address, with all other like empowered.

6.4 C/TY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90194 027 ***150.00