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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # M94263



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90030 030 ***150.00

TOW	n and c	COUNTRY REALTY OF	SEBASTIAN, INC.								
Principa!	Place of Bu	siness	Mailing Address					- 1 1001 601 110 1011 01010 11010 01100 11110		DIS DIBIL DIBLI TRAL	
POST OFF	POST OFFICE BOX 780068 IN FL 32978 SEBASTIAN FL 32978							DO NOT WRITE IN 1	THIS SPACE		
!								3. Date Incorporated or Qualifed			
ļ								08/15/1988			
2 Princir	pal Place of Business 2a. Mailing Address							4. FEI Number		Applied For	
21	Jul 1 1000 01		26					65-0067020	<u> </u>	Not Applicable	
	Apt. #, etc.		Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City &	State	City & State	- -				6. Election Campaign Financing	\$5.0	0 May Be		
23			28					Trust Fund Contribution		ed to Fees	
Zip !		Country	Zip	Cou	intry	•		8. This corporation owes the current year	r Intangible		
24		25	29	30				Personal Property Tax.	☐ Yes	□No	
<u></u>	9. N	iame and Address of Curre		11,				10. Name and Address of New Registe	red Agent		
j					81	Nam	ie				
	FISCHER, CARL ANTHONY				82	Street Addres		ss (P.O. Box Number is Not Acceptable)			
	10729 US-				62	300	Milest Address (P.O. Box Number is Not Acce				
,	Sebastiai	N FL 32958			83						
1					_				00 7	ip Code	
					84	City			FL 85 Z	ip Code	
agen SIGNATU 	it. I am famil JRE	liar with, and accept the obligate, typed or printed name of registered ago	ent and title if applicable. (NOT	TE: Registered	utes			when reinstating) ADDITIONS/CHANGES TO OFFICER	E		
12.	P	OFFICERS AF	ND DIRECTORS	13.	7) C			ADDITIONS/CHANGES TO OFFICER	☐ Chan		
TITLE	'	HER, CARL ANTHONY	C) perese	1.1 I						34 🗀 . 112.113	
NAME	500	CROSS CREEK CIR			_					•	
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NAME .	1070	CHER, HENRY A.		2.2 N							
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	EIGO	HER, CARL ANTHONY			IAME					·	
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NAME						T ADDRE	, l				

CITY-ST-ZIP 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 address, with all other like empowered.

6.4 CfTY-ST-ZIP

SIGNATURE: