## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N12794**

1. Corporation Name

PALMETTO LAKES PLAZA "B" C	NDOMINIUM, INC.					
Principal Place of Business	Mailing Address					
8012 W 21ST AVENUE UNIT B1 HIALEAH FL 33016	8012 W 21ST AVENUE Unit B1 Hialeah Fl 33016					
US	US					
2. Principal Place of Business	2a. Mailing Address					
1	26					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
2	27					
City & State	City & State					
3	28					
Zip Country	Zip Country					

**FILED** Feb 01, 1999 8:00am **Secretary of State** 

02-01-1999 90018 043 \*\*\*\*61.25



3. Date Incorporated or Qualifed 12/30/1985 4. FEI Number 59-1882508

City & Star	të:	City & State	*	<u> </u>	~-·	5. Certifcate of Statu	us Desired	\$8.75 A	dditional
23	-				J. Certificate of Stati	Fee Re	Fee Required		
Zip	Zip Zip		Co	untry		6. Election Campaign Financing		\$5.00	May Be
24	25	29	30			Trust Fund Contri		Added t	•
	9. Name and Address of Curr	ent Registered Agent		1		10. Name and Addre	ss of New Registere	ed Agent	
	لهواه الحراجيلة والخفاع ال			81	Name			· ·	,
HOHOK	IAMES S								
HOUCK-JAMES SES FLAZA EST COMBONAS ASTA DE 8012 W 21ST AVE				82 Street Address (P.O. Box Number is Not Acceptable)					
HIALEAH	FL 33016			84	City			85 Zip C	ode
CONT. HE SHOP	STITLE OF	mare is seen a		$\perp \perp$		50 1 KL AS1 . E	<u></u>	<u>L </u>	is prosentate.
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florid	la Statutes, the a	above d by t	-named corp	oration submits this state	ement for the purpose hereby accept the and	of changing its:	registered
	registered agent, or both, in the Sta am familiar with, and accept the obli	gations of Section 617.0	503, Florida Sta	tutes.		1471, 2482	र हे अभिकासी भी स्मी	PARTIES DE SER SES	ी आहार किया
US SIGNATURE	*	t <del>*</del>						-	
Office	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registere	d Agent	signature require	d when reinstating)	DATE		
12.		AND DIRECTORS	13.				IGES TO OFFICERS		
TITLE	DST .	☐ DE	LETE 1.1 T	TILE		1278) PAS		Change	☐ Addition
NAME	HOUCK, CARILYN		1.2 N	IAME	.				
STREET ADDRESS				TREET	ADDRESS	er erred			
CITY-ST-ZIP	HIALEAH FL 33016-1822		14.0	TY-ST	.7IP				
TITLE	PD	DE		TILE	<del></del>			☐ Change	Addition
NAME	HOUCK, JAMES S			IAME			•	_ ;	. —
					ADDRESS				
STREET ADDRESS		1.							
CITY-ST-ZIP	HIALEAH FL 33016-1822	- to the state of		CITY-ST	-ZIP			Change	Addition
TITLE	VD	~ DE		TILE -		<del></del>		Change	
NAME:	DUKE, GERALD		1	IAME	-		*	•	
STRÊÉT ADDRESS			3.3 S	TREET	ADDRESS	•	•	•	
CITY-ST-ZIP	HIALEAH FL 33015		3.4. (	CITY-ST	-ZIP			<del> </del>	
TITLE	张 多级联合	□ DE	LETE 4.1 T	TTLE				Change	Addition
NAME W 755	5 2908 C.C.	251	4.21	NAME		1841 A L M I	ಪ್ರತಿ 1821€ ಪಾಸ್ಕತಕಾಡಿದ್ದಾ	is Signatus (1547) 1634	al Signt idea
STREET ADDRESS		9.	4.3 S	TREET	ADDRESS			是这些精體	
CITY-ST-ZIP	A.S.	ir v	4.4 0	HY-ST-	. ZIP	Note of	1. 英语自己键 篇4	(点韵)描码符	
TITLE .		ESC) - DE	LETE 5.1 T	ITLE				☐ Change	Addition
NAME		÷	5.2 N	IAME					
STREET ADDRESS	·		5.3 S	TREET	ADDRESS .		•		
	087			TY-ST-					
TITLE	TO ACIDEL WAS NOTED	□ DE				<u> </u>		Change	☐ Addition
	BOY WINE FRANCE			IAME	·				
NAME	GAMERATINES TEXT				ADDRESS		• •		
STREET ADDRESS	DP			TV 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.