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**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

**FILED**

99 MAR 22 AM 11:24

**DOCUMENT # P21992**

1. Corporation Name  
**COOMBES PROPERTIES INC.**



Principal Place of Business  
**85 SOUTH MAIN STREET  
FREEPORT NY 11520**

Mailing Address  
**P.O. BOX 177  
BONDI JUNCTION NSW 2022  
AUSTRALIA**

DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified  
**12/05/1988**
- 4. FEI Number  
**11-2931211** Applied For Not Applicable
- 5. Certificate of Status Desired  **\$8.75** Additional Fee Required
- 6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees
- 8. This corporation owes the current year Intangible Personal Property Tax  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
	Country	29	Country
24		30	

9. Name and Address of Current Registered Agent

**HUNTER, CRAIG B  
201 S.E. 24TH AVENUE  
POMPANO BEACH FL 33062**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

11. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOMBES, PETER C.</b>	12 NAME	
STREET ADDRESS	<b>15 QUEENS AVE.</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>VAUCLUSE NSW 2030 AUSTRALIA</b>	14 CITY-ST-ZIP	
TITLE	<b>D</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOMBES, HELENE</b>	22 NAME	
STREET ADDRESS	<b>15 QUEENS AVE.</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>VAUCLUSE NSW 2030 AUSTRALIA</b>	24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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\*\*\*\*150.00 \*\*\*\*150.00

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 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 the attachment with an address, with all other like empowered.

SIGNATURE: PRESIDENT 3/10/99

CRZE034 (11/98)