FILED Apr 07, 1999 8:00 am Secretary of State

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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

1. Corporation	MENT # P41014 OPERTIES (DEL.) INC.			•						
Dein ein al Diago	of Division	Mailing /	Address				1	 		18) 010 188
Principal Place										
808 THIRD STREET 808 THIRD STREET SUITE C SUITE C										
NEPTUNE BEACH FL 32233 NEPTUNE BEACH FL 32233								DO NOT WRITE IN THE	S SPACE	
							3.	Date Incorporated or Qualifed 10/07/1992		
2. Principal Pl	ace of Business	2a. Maili	ng Address		-		4.	FEI Number	<u> </u>	olied For
21		26	· · · · · · · · · · · · · · · · · · ·				<u> </u>	13-3682140		Applicable
Suite, Apt.	#, etc.	Suite	e, Apt. #, etc.				5.	Certificate of Status Desired	\$8.75 A	
22		27					ļ			`
City & State		— ´	& State				6.	Election Campaign Financing	\$5.00 i Added to	
23	Country	28 Zin		Countr			-	Trust Fund Contribution		J Fees
Zip	Country	Zip	T	_ '	y		8.	This corporation owes the current year In Personal Property Tax.		□No
24	9. Name and Address of Current	29 Pagistared	Agent 30				10.	Name and Address of New Registered		
	5. Name and Address of Carrent	- Neglaterou	Agont	81	Name	CC	XÖ	DIASHDY)	20 011	
СТ	CORPORATION SYSTEM				1		\Z	serice way	MAN	
1200 SOUTH PINE ISLAND				82	Street	t Addre:	SS (P 나	P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324				83		<u> </u>		01.95		
									T1 0	
				84	City.	711	10	Masson FI	85 Zip C	71-2525
office or re	egistered agent, or both, in the State of the familiar with, and accept the obligat	of Florida. Su ions of, Sercti	ich change was autr ion 607.0505, Florid	orized by a Statute	y the con s.	poration	is DC	n submits this statement for the purpose of pard of directors. I hereby accept the appoint and the statement of the purpose of the submit of the purpose of the submit of the purpose of the submit of the purpose of th	WILLIAM GO LE	registered gistered
49	Signature, typed or printed name of registered agent		<i>-</i>	egistered Age	ent signature	required		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	DPS OFFICERS AND	DIRECTOR	DELETE	1.1 TITLE		Т		ADDITIONO/DIVINOCO TO STATELA	Change	Addition
TITLE				1.2 NAME					- ·	_
NAME	ROULEAU, ROBERT T. 5500 ROYALMOUNT AVE., SUIT	re: 200		B .	ET ADDRESS	,				}
STREET ADDRESS	MONTREAL CA	E 200		1.3 STREE	_	<u>'</u>				
CITY-ST-ZIP	T T		DELETE	2.1 TITLE					Change	☐ Addition
NAME	ROULEAU, ROBERT T.			2.2 NAME						- ·
	5500 ROYALMOUNT AVE., SUI	TE 200			ET ADDRESS					}
STREET ADDRESS	MONTREAL CA	IL 200		2.4 CITY-		1		•		1
CITY-ST-ZIP	MONTHEALOA		☐ DELETE	3.1 TITLE	_	+			☐ Change	☐ Addition
NAME				3.2 NAME	i					
STREET ADDRESS				3.3 STREE	ET ADDRESS	s				
CITY-ST-ZIP				3.4. CITY-						
TITLE			☐ DELETE	4.1 TITLE		 			Change	☐ Addition
NAME				4. 2 NAME	=					{
STREET ADDRESS				1	ET ADDRESS	s				
CITY-ST-ZIP				4.4 CITY-						
TITLE			☐ DELETE	5.1 TITLE				, , , , , , , , , , , , , , , , , , , ,	Change	☐ Addition
NAME				5.2 NAME	i.					
STREET ADDRESS				5.3 STRE	ET ADDRESS	s				
CITY-ST-ZIP				5.4 CITY-	ST-ZIP					
TITLE			☐ DELÉTE	6.1 TITLE					Change	☐ Addition
NAME				6.2 NAME		Ì				.

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

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

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