## 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 # P9200003894

STETSON PROPERTIES OF ORLANDO, INC.

Principal Plac	e of Business	Mailing	Address		ij			
633 DARTMOUTH ST ORLANDO FL 32804  633 DARTMOUTH ST ORLANDO FL 32804					/			
							DO NOT WRITE IN THIS SPACE	
-							3. Date Incorporated or Qualifed	
							11/05/1992	l
2 Principal P	Place of Business	2a. Mail	ling Address				4. FEI Number Applies	d For
21		26					59-3160158 Not Ap	plicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired  5. Secretary Status Desired 5. Secretary Secre	tional
22							5. Certificate of Status Desired Fee Requir	ed.
City & State			City & State				6. Election Campaign Financing \$5.00 May	
23		28					Trust Fund Contribution Added to Fo	ees
Zip	Country	Zip		Cou	ntry		8. This corporation owes the current year Intangible	
24	25	29		30			Personal Property Tax. Yes	No
	9. Name and Address of Cu	rrent Registered	i Agent		041		10. Name and Address of New Registered Agent	
800		CENTRAL ELC	NOID A		81	Name		
B&C CORPORATE SERVICES OF CENTRAL FLORIDA					82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
390 N ORANGE AVE					_			
SUITE 1100					83			
UHL	ANDO FL 32801				84	City	85 Zip Cod	e
						•	oration submits this statement for the purpose of changing its reg	
office or	registered agent, or both, in the S am familiar with, and accept the ol	tate of Florida, Si bligations of, Sec	uch change was au tion 607.0505, Flor	itnonzed ida Stati	ites.	the corporatio	on's board of directors. Thereby accept the appointment as regist	ered
40	Signature, typed or printed name of registere	S AND DIRECTO		13.	Agen	t signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE	P	AND DINECTO	DELETE	1,1 717	ì.E			Addition
NAME	STETSON, H G		<u> </u>	1.2 N				
		1100	•	- 1		ADDRESS		
STREET ADDRESS	ORLANDO FL 32801	1100		1.4 CI				
CITY-ST-ZIP	ONLAMBO PL 32001		[] DELETE	2.1 TI	_	-	☐ Change	Addition
			<u>_</u>	2.2 N		-س		
NAME						ADDRESS		
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STREET ADDRESS	]			4.4 CI				
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NAME CTDECT ADDDESS						ADDRESS		
STREET ADDRESS				5.4 CI		- 1		
C/TY-ST-ZIP			DELETE	6.1 Ti			☐ Change	Addition
TITLE			COPELLE	6.2 N			J. J. W. 192	
NAME ***	· .					T ADDRESS		
STREET ADDRESS	\$ \					T-ZIP		
CITY ST. 7ID	i			■ 0.4 U	+ 1 • Si	1-4P		

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.

SIGNATURE:

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

04-14-1999 90113 015 \*\*\*150.00