FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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P92000004221 (7) **DOCUMENT #**

SITUS PROPERTIES INC.



| Principal Place of | of Business | Mailing Address | | | | | | | |
|---|---|---|------------------------|----------------------|--|---------------------------------------|------------------|----------------------------|--|
| C/O STEPHAN GINEZ 386 SHEFFIELD CIRCLE PALM HARBOR FL 34683 | | C/O STEPHAN GINEZ 386 SHEFFIELD CIRCLE PALM HARBOR FL 34683 | | | Date Incorporated or Qualified | 3a. Date of Last Report 02/14/1995 | | | |
| | | | | | 11/13/1992 | 02 | / 14/ 1 | | |
| 2. Principal Plac | ce of Business | 2a. Mailing Address | | | 4. FEI Number 59-2064872 | | \vdash | Applied For | |
| 21 | | 26 | | | 39-2004012 | | <u> </u> | Not Applicable | |
| Suite, Apt #, | , etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | 5 Additional e Required | |
| City & State | | City 8 State | | | 6. Election Campaign Financing | | \$5 | 00 May Be | |
| 23 City & State | | 28 | | | Trust Fund Contribution | | | led to Fees | |
| Zip | Country | Zφ | Country | | 8. This corporation has liability for | intangible tax | under | s 199.032, | |
| 24 | 25 | 29 | 30 | | | □ No | | | |
| | 9. Name and Address of Curren | t Registered Agent | | T | 10. Name and Address of New F | legistered A | gent | | |
| | | | 81 | Name | | | | | |
| | STEPHAN | | 82 | Street Add | Idress (P.O. Box Number is Not Acceptable) | | | | |
| 386 SHE | FFIELD CIRCLE | | | | | | | | |
| PALM H | ARBOR FL 34683 | | 83 | | | | | | |
| | | | 84 | Crty | | | 85 | Zip Code | |
| | | a // | | L , | oration submits this statement for the pu | FL | <u></u> | and attend off of | |
| or registers | o the provisions of Sections 50/15/2 ad agent, or both, in the State of Priori a, and accept the obligations of Section | In Such change was author log 2,7,0505, Florida Statute | ized by the corp | oration's boa | and of directors. I hereby accept the app | ointinent as t | register | eciagenti i am - | |
| | s, and accept the constitution of | 4 0 | // | NOZ. | 04 | 120/ | 196 | | |
| SIGNATURE _ | Signation typical corporate Company | guld the dragation above. | N. Mt., Registered Age | et suprat personalis | out After those of the | Costs | | | |
| 12. | JETICE PS AN | D) IRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | | DIREC 1 Chang | | |
| TITLE | PSD | ☐ DELETE | 1 1 111(F | | | L |] Citalia | le [_] Madridii | |
| NAME | GINEZ, STEPHAN | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 386 SHEFFIELD CIRCLE | | | FADORESS | | | | | |
| CITY - S1 - ZIP | PALM HARBOR FL 34683 | ☐ DELETE | 1.4 CHY - 2.1 TUE | ST-ZIF | | | Chang | ae | |
| TITLE | | Почин | 2.2 NAME | j | | L | | . 🗀 | |
| NAME | | | | 1 ACORESS | | | | | |
| STREET ADDRESS | | | 24 CITY - | | | | | | |
| CITY-ST ZIP | | . DELETE | 3 1 1116 | | | | Chan | ge 🔲 Addition | |
| NAME | | | 3.2 NAME | | | | | | |
| STREET ADDRESS | | | 3.3 STHE | LI ADDRESS | | | | | |
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| CITY-ST-ZIP | | | 4.4 Cilly | | | · · · · · · · · · · · · · · · · · · · | 7 6. | | |
| TITLE | | DELETE | 5 1 1/1/16 | i | | L |] Chan | ge 🔲 Addition | |
| NAME | | | 5.2 NAME | 1 | | | | | |
| STREET ADDRESS | | | | LADORESS | | | | | |
| CITY - ST - ZIP | | | 54 CITY - | | | | Chan | ge 🔲 Addition | |
| TITLE | | DELETE | 6 1 TIT. 8 | | | Ĺ | ☐ C.13µ | ge [Madridol) | |
| NAME | | | 6.2 NAMÉ | | | | | | |
| STREET ADORESS | | | | EL ADDRESS | | | | | |
| CITY - ST - 2IP | | | 6 4 C+TY | \$1 - ZIP | for the angular stated in Costion 11 | 0.07/20/IA Ela | side Ct | at itas I further | |

14. I do hereby certify that the information supplied with this filmer's voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report of pupplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of this contract in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changing the pupplement and the pupplement of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changing the pupplement with an address

SIGNATURE:

THE NAME OF SIGNING OFFICER OR DIR GYOR

THE NAME OF SIGNING OFFICER OR DIR GY

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