PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris~

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000002922

RETIREMENT REALTY CORP.

Mailing Address Principal Place of Business

BONITA SPRINGS FL 34134

3501 CANDLEBERRY CT

FILED Jun 22, 1999 8:00 am **Secretary of State** 

06-22-1999 90004 019 \*\*\*150 00 07-12-1999 90020 027 \*\*\*400.00



3501 CANDLEBERRY COURT **BONITA SPRINGS FL 34134** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/08/1993 Applied For 4. FE) Number 2. Principal Place of Business 2a. Malling Address 3501 CAMPIERBIBY C 26 3501 CHWOLEBEARY CT 65-0377939 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc.  $\Box$ 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be-City & State 6. Election Campaign Financing SAMUER BOUTH SAYINGS \_Trust Fund Contribution\_ Added to Fees Country Country 8. This corporation owes the current year intangible รี*4ว<u>4</u>* ΠNo ☐ Yes Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MITNICK, EDWARD Street Address (P.O. Box Number is Not Acceptable) 82 3501 CANDLEBERRY CT **BONITA SPRINGS FL 34134** 83 Zip Code 84 City Fl 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12, Change DELETE TILE 1.1 TITLE MITNICK, EDWARD 1.2 NAME NAME 3501 CANDLEBERRY CT 1.3 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change [] Addition DELETE 21 TITLE TILE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-\$T-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZP Change [ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 T/TLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY ST ZIP DELETE 61 TITLE ☐ Change Addition TILE 6.2 NAME NWE STREET 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

CR2E034 (11/98)

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