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 May 07, 1999 8:00 am Secretary of State

05-07-1999 90180 049 ***150.00

DOCUMENT #	P93000006194
1. Corporation Name	1 30000000104

SOUTHTREND REALTY, INC.

Principal Place of Busines	s	Mailing Address			
739 A NORTH DR 739 A NORTH DR MELBOURNE FL 32934 MELBOURNE FL 32934 US				DO NOT WRITE IN THIS SPACE	
US		00			3. Date Incorporated or Qualifed 01/21/1993
2. Principal Place of Busin	ness	2a. Mailing Address			4. FEI Number Applied For
	RTH DRIVE	26			59-3164956 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required
City & State 23 MELBOUR NE	FL	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip Country		у	8. This corporation owes the current year Intangible
24 32934	25 BREVARD	29 3	0		Personal Property Tax. Yes No
9. Name	and Address of Current	Registered Agent	8	I Name	10. Name and Address of New Registered Agent
office or registered ac	DR EL 32934 sions of Sections 607.0502 tent or both in the State of	of Florida. Such change was aut	horized b	City Ve-named coverage of the corporation of the c	Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE		ions of, Section 607.0505, Floric			required when reinstalling) DATE
Signature, typed	or printed name of registered agent		tegistered Age	ent signature re	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS ANI	DIRECTORS	13. 1.1 TITLE		Change Addition
TITLE P	N. CONIC D		1.2 NAME		
1	N, CRAIG R	IITE 101]	
STREET ADDRESS 905 N H	arbor city blvd, sl Irnf fi	111E 101	1.3 STRE	ET ADORESS ST-ZIP	
TITLE INCLUSES	7.074. 7.4	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STRE	ET ADDRESS	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STRE	ET 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 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4 4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

1/30/99 407-752-1199 Date Dayline Phone #

Change

Change

Change

☐ Addition

Addition

☐ Addition

CR2E034 (11/98)