

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  
Mar 08, 1999 8:00 am  
Secretary of State

03-08-1999 90012 046 \*\*\*150.00

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1. Corporation Name

VALPARAISO REAL ESTATE MANAGEMENT CO., INC.



Principal Place of Business

127 JOHN SIMS PARKWAY  
VALPARAISO FL 32580

Mailing Address

PO BOX 8  
VALPARAISO FL 32580

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 128 JOHN SIMS PKWY.

Suite, Apt. #, etc.

City & State

23 VALPARAISO, FL

Zip Country

24 32580 25 U.S.A.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

29 30

3. Date Incorporated or Qualified

05/14/1993

4. FEI Number

59-3188104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BYRNE, PATRICK E II  
127 JOHN SIMS PARKWAY  
VALPARAISO FL 32580

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

128 JOHN SIMS PKWY.

83

84 City VALPARAISO

FL

85 Zip Code 32580

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

Signature, typed or printed name of registered agent and title if applicable

SECRETARY

(NOTE: Registered Agent signature required when reinstating)

2/9/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME SMITH, MARCUS H JR.  
STREET ADDRESS 127 JOHN SIMS PARKWAY  
CITY-ST-ZIP VALPARAISO FL

TITLE SD ☐ DELETE  
NAME BYRNE, PATRICK E II  
STREET ADDRESS 127 JOHN SIMS PKWY.  
CITY-ST-ZIP VALPARAISO FL

TITLE D ☐ DELETE  
NAME WILLIAMS, RAMONDE R  
STREET ADDRESS 127 JOHN SIMS PARKWAY  
CITY-ST-ZIP VALPARAISO FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☒ Addition  
1.2 NAME MARION RILEY TAYLOR  
1.3 STREET ADDRESS 128 JOHN SIMS PKWY.  
1.4 CITY-ST-ZIP VALPARAISO, FL 32580

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 128 JOHN SIMS PKWY.  
2.4 CITY-ST-ZIP VALPARAISO, FL 32580

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 128 JOHN SIMS PKWY.  
3.4 CITY-ST-ZIP VALPARAISO, FL 32580

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK E. BYRNE II

2/9/99

Date

850)678-7812

Daytime Phone #

CR2E034 (11/98)

0540579