05-07-1999 90040 044 ***150.00

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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000041293

1. Corporation Name

ACKLEY REALTY OF ST. CLOUD, INC.

Principal Place of Business Mailing Address								† (MD)(ABY CON TRIDO COURT BOSS ORALL DOUS O	1111 4140)		0 10106 tht 1061	
22 W MONUMENT		22	22 W MONUMENT									
STE 1			STE 1					DO NOT WRITE IN THIS SPACE				
KISSIMMEE FL 34741		KIS	KISSIMMEE FL 34741				- 3	3. Date Incorporated or Qualifed				
							"	06/10/1993				
2. Principal P	lace of Business	2a.	Mailing Address		_		4	4. FEI Number		TA	pplied For	
21		26	-					59-3180665		N	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired Sa.75 Additional				
22		27					`	5. Certificate of Citation Desired		Fee R	equired	
City & State		City & State					6	6. Election Campaign Financing	;	-	May Be	
23			28 Country				Trust Fund Contribution Added to Fees					
Zip	Country		Zip Country				1	8. This corporation owes the current year Intangible Personal Property Tax. Yes XNo				
24	25 9. Name and Address of Current	29	tared Agent	30				Personal Property Tax. O. Name and Address of New Register			A.IIO	
->	5. Name and Address of Current	regio	terou rigoni		81	Name		<u> </u>				
ACK	LEY, RAJIA N			1	82							
22 W MONUMENT						Street Ac	ddress	ress (P.O. Box Number is Not Acceptable)				
STE 1												
KISS	SIMMEE FL 34741									- T:-	0-4-	
					84	City		F	⋷∟ऻਃ	5 ZIP	Code	
SIGNATURE	Signature, typed or printed name of registered agent	t and title (f applicable. (NOTE		Agent	it signature requ	quired wher					
12.	OFFICERS ANI	D DIRE		13.				ADDITIONS/CHANGES TO OFFICERS				
TITLÉ	PD		☐ DELETE	1.1 TITI						Change	Addition	
NAME	ACKLEY, RAJIA N			1.2 NA								
STREET ADDRESS	22 W MONUMENT AVENUE KISSIMMEE FL 34741					ADDRESS						
CITY-ST-ZIP	KISSIMIMEE PL 34/41		☐ DELETE	1.4 CIT 2.1 TITI		- ZIP			П	Change	Addition	
TITLE NAME	!			2.2 NA						•		
STREET ADDRESS	•					ADDRESS						
CITY-ST-ZIP				2 4 CIT								
TITLE	*****		☐ DELETE	3.1 TITI						Change	☐ Addition	
NAME				3.2 NA	ИE							
STREET ADDRESS				3.3 STF	REET	ADDRESS						
CITY-ST-ZIP				3.4. CIT	Y-81	T-ZIP						
TITLE			☐ DELETE	4.1 TITI	E					Change	☐ Addition	
NAME				4. 2 NA	ME							
STREET ADDRESS				1		ADDRESS						
CITY-ST-ZIP			☐ DELETE	4.4 CIT		í-ZIP				Change	Addition	
TITLE			□ D€CETE	5.1 TITI 5.2 NAJ					لسا	Criange	L Addition	
NAME				1		T ADDRESS						
STREET ADDRESS				5.4 CIT								
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TITI						Change	Addition	
NAME				6.2 NA	ΜE							
STREET ANDRESS				6.3 STF	REET	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 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 all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OFFICER OR DIRECTOR

CR2E034 (11/98)