Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90067 040 ***158.75

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

DOCUMENT

 Corporation 	PEALTY AND DEVELOPMEN				
Principal Place	e of Business	Mailing Address			
909 SE 47TH TI	ERR.	909 SE 47TH TERR.			
#105 #105 CAPE CORAL FL 33904 CAPE CORAL FL 33904		CAPE CORAL FL 33904		DO NOT WRITE IN THIS SPACE	
OHIE COINE	£ 33304	SINE CONNETE GOOD		3. Date Incorporated or Qualifed 08/09/1993	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For	┪
···	ace of business	26		65-0432061 Not Applicable	٦
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		• ¢0.75 Additional	٦
22	.,	27		5. Certificate of Status Desired Fee Required	
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be	1
23		28		Trust Fund Contribution Added to Fees	╛
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29	30	Personal Property Tax.	
	9. Name and Address of Currer			10. Name and Address of New Registered Agent	\Box
			81 Name	•	ļ
	io, anthony s		82 Street A	Address (P.O. Box Number is Not Acceptable)	
	SE 16TH STREET		120	Address (P.O. Box Number is Not Acceptable)	
CAPI	E CORAL FL 33990		83		
				as Zin Codo	4
			84 City	FL 85 Zip Code 14	Ì
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named c	corporation submits this statement for the purpose of changing its registered	7
office or re	egistered agent, or both, in the State	of Ferida. Such change was au	thorized by the corpor	ration's board of directors. I hereby accept the appointment as registered	
agent rai	m paramar with, app accept the obliga				
	()	7 7	On a S	2/1/9	Ì
SIGNATURE	(Kutch Kus)	DUSMAN -	PRES Registered Agent signature rec	equired when reinstating)	
	Signature typed or printed name of registered nos	D)2011 -	PRES	<u> </u>	
SIGNATURE	Signature typed or printed name of registered nos	nt and title if applicable. (NOTE:	Registered Agent signature rec	equired when reinstating)	1
SIGNATURE 12. TITLE	Signatur Hyped or printed name of registred or OFFICERS AF	nt and trile if applicable. (NOTE:	Registered Agent signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	n
SIGNATURE 12. TITLE NAME	Signatur Typed or printed name of registred or OFFICERS AND PSOZIO, ANTHONY S	nt and trile if applicable. (NOTE:	Registered Agent signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	n
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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 employeed 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 altachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: