## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18 1997 8:00am

Secretary of State

☐ Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000063438 (4)

ELDORADO PROPERTIES, INC.

633 B N TAMIAMI TR 633 B N TAMIAMI TR NOKOMIS FL 34275 NOKOMIS FL 34275-2178 3. Date Incorporated or Qualified 3a. Date of Last Report 09/03/1993 04/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0437650 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KWUCKLES, JEFFREY J 633 B. N. TAMIAMI TRAIL 62 Street Address (P.O. Box Number is Not Acceptable) NOLOMES FL 34275 83 84 City Zip Code 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 607.0605, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 DILE KNUCKLES, JEFFREY J 1.2 NAME NAME 633 B.N. TAMIAMI TRAIL STREET ADDRESS 13 STREET ADDRESS **NOKOMES FL** CITY-ST-ZIP 14 CITY-ST-ZIP ☐ Change DELETE Addition TITLE 21 TITLE HARNER, STEVE NAME 22 NAME 633 B.N. TAMIAMI TRAIL 23 STREET ADDRESS STREET ADDRESS **NOKOMES FL** CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE Change Addition 3.1 THE TITLE NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** 34. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME

14. I do 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 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.

53 STREET ADDRESS 54 CITY-ST-ZIP

**63 STREET ADDRESS** 

64 CITY-ST-ZIP

61 TITLE

DELETE