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Feb 23, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000068758**1. Corporation Name

LAND'S END PREMIER REALTY, INC.

| Principal Place | e of Business | Mailing Address | | | 4 10011001 150 18:04 (11(1 ansit antit pars) at |)31 0 0 1101 30311 30001 1 | BILIÐI IÐIL JOHL |
|--|--|-------------------------------|--|---|--|-----------------------------------|--------------------|
| | | 6667 GREENBRIER DR | | | | | |
| SEMINOLE FL 33777 | | SEMINOLE FL 33777 | | DO NOT WRITE IN THIS SPACE | | | |
| US | | US | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 10/04/1993 | | |
| 2 Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | Api | plied For |
| 21 | 000 Dr 200000 | 26 | | | 65-0433618 | No | Applicable |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | | _ | \$8.75 A | dditional |
| 22 | | 27 | | | 5. Certifcate of Status Desired | Fee Re | quired |
| City & State | e | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | <u></u> | 28 | | | Trust Fund Contribution | Added to | o Fees |
| Zip | Country | Zip | Cour | ntry | 8. This corporation owes the current year | | <u> </u> |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | | □No |
| | 9. Name and Address of Curr | ent Registered Agent | | 81 Name | 10. Name and Address of New Register | ed Agent | |
| AVE | MICHAEL C | | | 81 Name | | | |
| AVEY, MICHAEL C 6667 GREENBRIER DR. | | | . [| 82 Street Add | ress (P.O. Box Number is Not Acceptable) | - | |
| UNIT | | | } | 83 | | | |
| • | INOLE FL 34647 | | | 63 | | | |
| OLIVI | MOLE I E GAGAN | | Ī | 84 City | F | 85 Zip C | ode |
| | | 500 1007 4500 FI. :: 1- Ot | | | - | _ , , | registered |
| office or r | egistered agent, or both, in the Stat | te of Florida. Such change wa | as authorized | by the corporati | poration submits this statement for the purpose on's board of directors. I hereby accept the ap | pointment as reg | gistered |
| agent. I ai | m familiar with, and accept the obli | gations of, Section 607.0505, | Florida Statu | ites. | | | |
| SIGNATURE | | A the standards (A | MOTE: Begintered | Agent signature require | ed when reinstating) DATE | | |
| 12. | Signature, typed or printed name of registered a OFFICERS A | AND DIRECTORS | 13. | Agent agnature require | ADDITIONS/CHANGES TO OFFICERS | | RS IN 12 |
| TITLE | D | ☐ DELETE | | LE . | | Change | ☐ Addition |
| NAME | AVEY, MICHAEL C | | 1.2 NA | ME | | | |
| STREET ADDRESS | 6667 GREENBRIER DR | | | | | | |
| | ODO/ GINEENDHIER DR | | | REET ADDRESS | | | : |
| CITY-ST-ZIP | l . | | 1.3 STI | REET ADDRESS | | | |
| CITY-ST-ZIP | SEMINOLE FL 33777 | ☐ DELETE | 1.3 STI 1.4 CIT | Y-\$T-ZIP | | ☐ Change | ☐ Addition |
| | l . | ☐ DELETE | 1.3 STI 1.4 CIT | Y-ST-ZIP | | ☐ Change | ☐ Addition |
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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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP