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

PROFIT CORPORATION ANNUAL REPORT

1002



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCU	MENT # P9300	00081043 (0)					-		
	PROPERTIES, INC.	(0)							
Principal Plac	e of Business	Mailing Address							AIRRE IIII IAR
1023 MANATEE AVE W		1023 MANATEE AVE W							
BRADENTON	FL 34205	BRADENTON FL 34205				DO NOT WRITE	IN THIS S	SPACE	
						3. Date Incorporated or Qualified	114 11 115 C	II AOL	
						11/24/1993			
<u> </u>	Place of Business	2a. Mailing Address				4. FEI Number			Applied For
21	# .1.	26			-10 ·	65-0454342			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		7	Additional
City & Stat	Α	City & State				B. Slavia Committee	.		Required
23	•	28				6. Election Campaign Financing Trust Fund Contribution	П		O May Be d to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes or has pal-	d the curr		
24	25		30			Personal Property Tax due June	-	_	□ No
	9, Name and Address of Curr	ent Registered Agent				10. Name and Address of New Reg	gistered A	gent	
	adfelter, leslie h		٤	31	Name				
	23 MANATEE AVE W		1	12	Street Addre	ess (P.O. Box Number is Not Acceptable	le)		
BR.	ADENTON FL 34205		ļ.,	33					
				3					
			ε	34	City		FL	85 Zij	p Code
11. Pursuant office or r agent. I a SIGNATURE						oration submits this statement for the pu ion's board of directors. I hereby accept		changing sintment a	its registered as registered
12.	Signature, typed or printed name of registered a	gent and little if applicable (NOTE ND DIRECTORS	Registered /	∖g enl	il signature require	ed when reinstelling) ADDITIONS/CHANGES TO OFFICE	DATE EDG AND	DIRECTO	3DC IN 12
TITLE	D	DELETE	1.1 1011	E		ADDITIONS/CHANGES TO SETTE		Change	
NAME	CLARKE, C J	-	1.2 NAM				•		
STREET ADDRESS	4588 HADFIELD DR		1.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34235		1.4 CiTY	-ST-	- ZIP				
TITLE	D	☐ DELETE	2.1 TITL	E				Change	Addition
NAME	Clarke, Lorna		2.2 NAM	E					
STREET ADDRESS	4588 HADFIELD DR		2.3 STRE	ET A	ODRESS				
CITY-ST-ZIP	SARASOTA FL 34235		2.4 CITY-5		-ZIP				
TITLE		☐ DELETE	3 1 TITLE		Ì		Į.	Change	Addition
NAME DTDCCT 4 DDDCCC			3.2 NAM						
STREET ADDRESS			3 3 STRE						
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE		- ZIP		I	Change	Addition
NAME			4. 2 NAN				•	Critingo	
STREET ADDRESS			4.3 STRE		DDRESS				
CITY-ST-ZIP			4.4 CITY						
TITLE		☐ DELETE	5.1 TITLE				- I	Change	Addition
NAME			5.2 NAM	E					
STREET ADDRESS			5.3 STRE	ET A(DDRESS				
CITY-ST-ZIP			5.4 CITY	- SI -	ZIP				
TITLE		DELETE	61 TITLE				T	Change	Addition
NAME			6.2 NAM						
STREET ADDRESS			E S S STRE	FT AF	ndress				

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 occivor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an address

IT GPh Ma C. Jahma C. Agra

1.0100 911-755-150

FILED

Jan 28 1998 8:00am

Secretary of State