Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

Not Applicable

PROFIT
CORPORATION
ANNUAL REPORT

1999

WACHS, ALAN S ESQ



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90114 004 ***150.00

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MUZAURIETA

DOCUMENT # P9400012181

1. Corporation Name
TREE HOUSE PROPERTIES, INC.

Mailing Address Principal Place of Business 4224 ORTEGA FORST DR. 4224 ORTEGA FORST OR. JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 02/14/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Forest 4224 OrtegA Forest DR 26 59-3224093 Suite, Apt. #, etc. 5. Certifcate of Status Desired 27 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

50 N. LAURA ST.

SUITE 3900

JACKSONVILLE FL 32202

82 Street Address (P.O. Box Number is Not Acceptable)

B3 Street Address (P.O. Box Number is Not Acceptable)

ACKSONVILLE FL 32202

B4 City JACKSONVILLE FL B5 Zip Code

B3 JACKSONVILLE FL 32202

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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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed na tered agent and title if OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Dinector + President Addition ☐ DELETE Change Change TITLE 1.1 TITLE 12 NAME NAME MUZAURIETA, AURELIO A 4224 ORTEGA FOREST DR. 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP I.4 CITY-ST-ZIP DELETE ☐ Change Addition | 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change ☐ Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 flustee 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED HAND DESIGNING OFFICER OR DIRECTOR

AURE 110 A. MUZAUTIETA (904)631-2669

Date Dayline Phone #

CR2E034 (11/98)