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 # **P94000014056**1. Corporation Name

FLORIDAY PROPERTIES, INC.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90169 020 ***150.00



Principal Place of Business Mailing Address						<u>"</u>
71 E. CHRUCH ST. 71 E. CHRUCH ST.						
ORLANDO FL 3	32801	ORLANDO FL 32801	ORLANDO FL 32801			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						02/21/1994
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26	26			59-3231526 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & Stat	te	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip Country		Zip Country			8. This corporation owes the current year Intangible	
24	25					Personal Property Tax.
	9. Name and Address of Curr	rent Registered Agent		81	Nome	10: Name and Address of New Registered Agent
n iMi	E DOHLAND A II			"	Name	<u></u>
JUNE, ROHLAND A II 71 E. CHRUCH ST.				82	Street Add	ress (P.O. Box Number is Not Acceptable)
	ANDO FL 32801					
OHL	ANDO FL 32001			83		
				84	City	FL 85 Zip Code
		SECO COT 1509 Florido State	too the a	hove	-named corr	poration submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such change was	authorized	י עם ו	tne corporati	on's board of directors. I hereby accept the appointment as registered
SIGNATURE	<u> </u>					ed when reinstaling) DATE
	Signature, typed or printed name of registered	<u> </u>		Agen	t signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		AND DIRECTORS	13.	n c		Change Addition
TITLE	D IIINE BOULAND A H	C) DELETE	,,,,,,	_		——————————————————————————————————————
NAME	JUNE, ROHLAND A II 71 E. CHRUCH ST.		1.2 N/		ADDRECC	j
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	□ DELETE	DELETE 2.1 TI		r-zip	Change Addition
TITLE		C) OLLETE	2.1 II			3
NAME						
STREET ADDRESS					ADDRESS	- · · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP		C) DELETE		TY-S	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TT			
NAME			3.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		O pri sta		TY-S	T-ZIP	Change Addition
TITLE		□ DELETE	4.1 Ti			
NAME			4.2 N			
STREET ADDRESS			4.3 ST	REET	ADDRESS	
CITY-ST-ZIP			4.4 Ci		r-zip	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TI			☐ Change ☐ Addition
NAME			5.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				TY-S1	r-ZIP	
TITLE		☐ DELETE	6.1 TC			☐ Change ☐ Addition
NAME			6.2 N/			
STREET ADDRESS			6.3 ST	REET	ADDRESS	
CITY-ST-ZIP			6.4 CI	TY-SI	r-zi₽	

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.

SIGNATURE: