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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P94000015471 (3) **GARRISON PLATT PROPERTIES INC.**

**FILED** May 13 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address  111 MADISON STREET SCOTT K, RHINEHART  STE. 2000 300 BENEFICIAL CENTER							
						1	
TAMPA FL 33602		PEAPACK NJ 07977				DO NOT WRITE IN THIS SPACE	
US						3. Date Incorporated or Qualified	
						02/25/1994	
2. Principal P	lace of Business	2a. Mailing Address	-			4. FEI Number	Applied For
21		26				51-0355624	Not Applicable
Suite, Apt. #, etc.		Suito, Apt. #, etc.					38.75 Additional
22		27				5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution		
Zip	Country Zip Co		Country		8. This corporation owes or has paid t	he current year Intangible	
24	25	29	30			Personal Property Tax due June 30	
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Regis	tered Agent
BOGGS, DAVID M				81	Name		
111 MADISON STREET				82	Street Add	ress (P.O. Box Number is Not Acceptable)	
ST	E. 2300						
TA	MPA FL 33602			83			
				84	City		85 Zip Code
					Ony		FL   FL
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Sta	itutes, the	e above	-named corp	poration submits this statement for the purp tion's board of directors. I hereby accept the	ose of changing its registered
agent la	egistered agent, or both, in the state m familiar with, and accept the oblig	e of Floridal Such change wa gations of, Section 607.0505,	Florida S	statutes	rane corpora: i.	tion's board or directors, I nereby accept tr	ne appointment as registered
SIGNATURE							
0.07.770.12	Signature, typed or printed name of registred ag		NOTE Regis	tered Age	nt signature requi		DATE
12.		ND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFICER	
TITLE	VPAS	☐ DELETE	1.	.1 TITLE			Change Addition
NAME	SHERIDAN, PATRICIA		1.	.2 NAME	1		
STREET ADORESS			1.	3 STREET	ADDRESS		
CITY-ST-ZIP			4 CITY-S	T-ZIP			
TITLE	<del></del>		1 TITLE			☐ Change ☐ Addition	
NAME	BROWN, CHARLES		2	2 2 NAME			
STREET ADDRESS	200 BENEFICIAL CENTER		2 3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP	PEAPACK NJ 07977		2	4 CITY-S	17-218		
TITLE			.1 TITLE			Change Addition	
NAME			2 NAME				
STREET ADDRESS			3 STREET	ADDRESS			
CITY-ST-ZIP			4. CITY-S	it-ZIP			
TITLE	D	DELETE	4	1 TITLE			☐ Change ☐ Addition
NAME	Caspersen, Finn		4	2 NAME			
STREET ADDRESS	301 N. WALNUT STREET		4	3 STREET	ADDRESS		
CITY-ST-ZIP	WILMINGTON DE 19801		4	4 CiTY - S1	T - ZIP		
TITLE		<b>☐</b> DELETE	5	1 TITLE			Change Addition
NAME			5	2 NAME			
STREET ADDRESS			5	3 STREET	ADDRESS		
CITY-ST-ZIP			5.	1 CITY ST	T-ZIP		
TITLE		☐ DELETE	6	1 TITLE			Change Addition
NAME			6.	2 NAME			
STREET ADDRESS			6	3 STREET	ADDRESS		
CITY-ST-ZIP			6	4 CiTY-SI	T-ZIP		
						Section 110 07/2\/i) Elevide Statutes 1 furl	has postify that the information

indicated on this annual report is supplied what this initial accurate and that my signature shall have the same legal effect as if made under oath, that I am an indicated on this annual report is 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 this 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 chapped, or on an altachment with an address.