PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000032154

1. Corporation Name

SOUTH BAY REALTY SERVICES, INC.

Principal	Place	of	Business
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Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90084 022 ***150.00



Principal Place	e of Business	Mailing Address							
650 N. INDIANA	A AVE	650 N. INDIANA AVE							
ENGLEWOOD F		ENGLEWOOD FL 34223				T. VO. 0	D. 4.0.E		
US		US			DO NOT WRIT	E IN THIS S	PACE		٦.
					3. Date Incorporated or Qualifed				ŀ
	*				04/25/1994				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For	
	uth Indiana Avenue	26 895 South Ind	liana /	Avenue	65-0501392		N	lot Applicable]
Suite, Apt.		Sulte Apt #, etc.					-\$8:75	Additional	-
22	,, 0.0.	27			5. Certifcate of Status Desired		Fee F	tequired	}
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	1
	ood, Florida		orida		Trust Fund Contribution			to Fees	
	Country	Zip	Country	<u> </u>	8. This corporation owes the curre	et vear Intai			
Zip 2∦222		— ·	~~ <u>~</u>	<i>'</i>	Personal Property Tax.		∏ Yes	⊠ No	ļ
24 34223	25		30		10. Name and Address of New R			75.10	1
	9. Name and Address of Curren	t Registered Agent	81	Name	10, Maille allu Address of New K	gistered A	gent		1
CHV	PIN. CHESTER R		"	Name					
			82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)			
	N INDIANA AVE					<u> </u>			
ENG	LEWOOD FL 34223		83					•	
	•		_	ļ			OF 7in	Code	-
			84	City	•	FL	85 Zip	Code	
dd Dyrayant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the abov	e-named corr	poration submits this statement for the	ournose of c	hanging it	s registered	1
office or n	egistered agent, or both, in the State	of Florida, Such change was aut	horized by	the corporati	ion's board of directors. I hereby accep	the appoint	ment as r	egistered	
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agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statutes	s.					
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statutes	s. 					
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Floric	da Statutes	s. 	ed when reinstating)	DATE	DIRECT	ODE IN 12	<u> </u>
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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