## 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 # P94000047627

## **FILED** Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90004 002 \*\*\*150.00

CAVALIE	ER REALTY, INC.				•			er.
Principal Place of Business Mailing Address					-	i diani tanta dit	18 11811 1881 1881	
100 WESTWARD DR 100 WESTWARD DR								
MIAMI SPRING	iS FL 33166	MIAMI SPRINGS	FL 33166			DO NOT WRITE IN THIS	S SPACE	
						3. Date Incorporated or Qualifed		
						- 06/27/1994		,
	Place of Business	2a. Mailing Add	ress			4. FEI Number	<del></del>	pplied For
Suite, Apt.	. #. etc.	26 Suite, Apt. #	t. etc.			65-0501986		lot Applicable Additional
22	,	27	,			5. Certificate of Status Desired 1. Ellipsis	Fee F	tequired
City & Star	te	City & State	)			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip 24	Country 25	Zip <b>29</b>	30	Country		This corporation owes the current year In     Personal Property Tax.	ntangible □ Yes	□No
24	9. Name and Address of Curre		[30]			10. Name and Address of New Registered		
		J. 18		81	Name	-		-
	/ALIER, JR J A WESTWARD DR			82	Street Addre	ss (P.O. Box Number is Not Acceptable)	•	• • •
	WESTWARD DRIVE			83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	MI SPRINGS FL 33166			83				
	•			84	City	FI	* 85 *Zip	Code 181 184
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Flor	ida Statutes, the	above	-named corpo	ration submits this statement for the purpose o	<del></del>     f changing it	s registered
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such char	nge was authorize	ed by t	the corporation	n's board of directors. I hereby accept the appo	antment as r	egistered . !
, -gv 10	ann idinimar with, drid docopt the obing	jations of, Section 607.	.0505, Florida Sta	atutes.		• • • • • • • • • • • • • • • • • • • •		
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SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Register	ed Agent	·	when reinstating)	ND DIRECT	ORS IN 12
	Signature, typed or printed name of registered ag	pent and title if applicable.	(NOTE: Register	ed Agent	·	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A PD CAVALIER, JOHN A JR	pent and title if applicable.	(NOTE: Register	ed Agent	·	ADDITIONS/CHANGES TO OFFICERS A		
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A PD CAVALIER, JOHN A JR 100 WESTWARD DR MIAMI SPRINGS FL	pent and title if applicable.  ND DIRECTORS	(NOTE: Register  13 DELETE 1.1 1.2 1.3 1.4	ed Agent I. TITLE NAME STREET	signature required v	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
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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. with all other like empowered

SIGNATURE:

1-26-99