FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DOCUN 1. Corporation	1996 MENT # P9400	0048212 (2		ATIC	DNS			
PLANTATION VI, INC.								
Principa' Place of Business Mailing Address							ł WBOJI BOJII BIES ISIU I	
2328 10TH AVE NORTH 2328 10TH AVE NORTH								
#401 #401 LAKE WORTH FL 33461 LAKE WORTH FL 33461			§1					
			••			3. Date Incorporated or Qualified 06/28/1994	3a. Date of Last 11/13/1	· ·
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #,			ato			APPLIED FOR 59		Not Applicable 75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	•	e Required
City & State	City & State	ate			6. Election Campaign Financing	11	.00 May Be	
23 Zip	Country	Z ip	Cou	Country		Trust Fund Contribution 8. This corporation has liability for	Add	ded to Fees
24	25 Courliny	29	` <u>├</u> `				intangible tax under	\$ 199.032,
	9. Name and Address of Currer					10. Name and Address of New F	legistered Agent	
				81	Name			
STEIN, CHARLES 2328 10TH AVENUE NORTH SUITE #401				82	Street Ad	ldress (P.O. Box Number is Not Acceptat	(elc	
				63				
LAKE W			B4	Ot.		las I	To Code	
e ere trattiti e aktai				54	City		FL 85	Zip Code
 Pursuant to or registere familiar with SIGNATURE 	o the provisions of Sections 607.0502 id agent, or both, in the State of Flori h, and accept the obligations of, Sect	2 and 607.1508, Florida Statut ida. Such change was authoriz tion 607.0505, Florida Statutes	tes, the abo zed by the o s.	ve-r corp	named corp oration's bo	oration submits this statement for the pubard of directors. I hereby accept the app	rpose of changing its ointment as register	s registered office red agent. I am
	Signature, typed or printed name of registered agen			Ager	it signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	TODE IN 12
12.	OFFICERS AND DIRECTORS D DELETE		13.	ITLE		ADDITIONS/CHANGES TO OFF	Crang	
NAME	STEIN, CHARLES		i i	1.2 NAME 1.3 STREET ADDRESS			.	_
STREET ADDRESS	802 NW 2ND AVE		1.3 \$1					
CITY-ST-ZIP	DELRAY BEACH FL 33444	F) priestr	1.4 CITY - ST - ZIP		ST-ZIP		F7 0	
THILE				2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS			Chang	ge
NAME STREET ADDRESS								
City-St-ZiP			2.4 CITY - ST - ZIP					
TITLE		☐ DELETE	3. 1 TITLE				☐ Chang	ge 🔲 Addition
NAME			3 2 N		+			
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP TITLE	☐ DELETE		4.1 T		5T-ZIP		Chang	ge 🔲 Addition
NAME		_	4.2 N	AME			_	
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CHTY-ST-ZIP		F DELETE			ST - ZIP		F-1 Observ	- Flagge
TITLE				5. 1 TITLE 5.2 NAME			Chang	ge 🗌 Addition
NAME STREET ADDRESS					ADDRESS			
CITY-ST-ZIP					ST - ZIP			
TITLE				6 1 TITLE		***	Chang	ge 🔲 Addition
NAME			6.2 N	AME				
STREET ADDRESS					ADDRESS			
CITY-S1-ZIP 14. Ldo hereby	certify that the information supplied	with this filing is voluntarily fun	640 nished and	doe	ST-ZIP is not qualify	y for the exemption stated in Section 119	i.07(3)(k), Florida Sta	atutes. I further
certify that oath; that I appears in	the information indicated on the ann am an officer or director of the corp Block 12 or Block 13 if charged,	of report or supplemental and attack or the function or the function or trusted on an attack ment with an add	nual report i se empowe iress.	s tru	le and accu to execute	y for the exemption stated in Section 119 urate and that my signature shall have the this report as required by Chapter 607, Fi	same legal effect a lorida Statutes; and	s if made under that my name

SIGNATURE: