PROFIT CORPORATION ANNUAL REPORT 1999



P94000054724

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

PIPER REALTY, INCO

Principal Place of Business

1155 OCEAN SHORE BLVD.

Mailing Address 1155 OCEAN SHORE BLVD.

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90049 049 ***150.00



OHMOND BEACH FL 32176 OHMOND BEACH FL 32176					DO NOT WRITE IN THIS SPACE		
					Date Incorporated or Qualifed		
					07/25/1994		
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21					59-3261116	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 /	Additional
22					5. Certificate of Status Desired	Fee Re	equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28			Country		Trust Fund Contribution	Added t	o Fees
Zip				•	8. This corporation owes the current year	Intangible	
24	25 a 3	29 30			Personal Property Tax. ✓ Yes No		
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Registere	d Agent	
Otor	ED JOUND		81	Name			
	ER, JOHN D		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	5 OCEAN SHORE BLVD.			00017100	stood (1.0. Dox Hamber to Not Acceptable)		
#10			83				V
, ORM	MOND BEACH FL 32176		<u> </u>		· · · · · · · · · · · · · · · · · · ·		
			84	City	F	85 Zip C	Code
11. Pursuant	t to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	the above	e-named cor	noration submits this statement for the purpose	of changing its	registered
office or i	registered agent, of both, in the Sta	te of Florida. Such change was aut	horized by	the corporat	tion's board of directors. I hereby accept the app	ointment as req	gistered
		gations of, Section 607.0303, Florid	ia Siaiules	•		00	ĺ
SIGNATURE		gent and title if applicable. (NOTE: R	tegistered Ager	t signature requir	red when reinstating)	-//	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D/	☐ DELETE	1.1 TITLE		TO STATE OF THE ST	☐ Change	Addition
NAME	PIPER, JOHN D		1.2 NAME			_ •	_
STREET ADDRESS 1155 OCEAN SHORE BLVD., #105				ADORESS			
CITY-ST-ZIP	ORMOND BEACH FL 32176	<i>x</i> 700	1.4 CITY-S				
TITLE	D	□ DELETE	2.1 TITLE	-21		☐ Change	Addition
NAME	PIPER, ESTHER		2.2 NAME			□ Onlange	
STREET ADDRESS	l Language a			ADDD500			
CITY-ST-ZIP	ORMOND BEAHC FL	•	2.3 STREET	1			
TITLE	ONWOND BEARC FL	□ DELETE	2. 4 CITY-S	T-ZIP			CT A date:
NAME		- Occere	3.1 TITLE			☐ Change	Addition
			3.2 NAME				İ
STREET ADDRESS			3.3 STREET	· · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADORESS			
CITY-ST-ZIP			4.4 CITY-ST	-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS		•	5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST	-ZIP			

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

☐ Addition