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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90229 011 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000068891

1. Corporation Name

SINGER ISLAND EXCLUSIVE PROPERTIES, INC.

Principal Place of Business

2655 NORTH OCEAN DRIVE
BOX #3
SINGER ISLAND FL 33404
US

Mailing Address

2655 NORTH OCEAN DRIVE
BOX #3
SINGER ISLAND FL 33404
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1994

4. FEI Number

65-0523636

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered

10. Name and Address of New Registered Agent

GREAR, IRVING
4000 N. OCEAN DR.
RIVIERA BEACH FL 33404

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPBD
NAME GREAR, IRVING
STREET ADDRESS 4000 N. OCEAN DR.
CITY-ST-ZIP RIVIERA BEACH FL 33404

☐ DELETE

TITLE P
NAME GREAR, ROSELYN
STREET ADDRESS 4000 N. OCEAN DR.
CITY-ST-ZIP RIVIERA BEACH FL 33404

☐ DELETE

TITLE J
NAME WOLF, JAN
STREET ADDRESS 4011 NE 93RD AVE
CITY-ST-ZIP SUNRISE FL 33351

☐ DELETE

TITLE D
NAME CONTE, LINDA
STREET ADDRESS 14243 BLACKBERRY DRIVE
CITY-ST-ZIP WELLINGTON FL 33414

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irving Grear
IRVING GREAR

4/15/99

561-848-2381

Daytime Phone #

CR2E034 (1/1/98)