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

1. Corporation Name

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

DOLLY	OTTEN REAL ESTATE INC.				
Principal Place	e of Business	Mailing Address		- 14001001 tin 18111 Albit OBIIL BRILL ORI	ta mitte tëtht diset talèt tiet tant
515 EVERGREEN DR LAKE PARK FL 33403 US		515 EVERGREEN DR LAKE PARK FL 33403 US		DO NOT WRITE IN TH	S SPACE
				3. Date Incorporated or Qualified	
2. Principal Pl	ace of Business	2a. Mailing Address 26 //8 6 24 (1.ST.	4. FEI Number 65-0527097	Applied For Not Applicable
Súitě, Apt. 22 RIVIE	RA Beach 71.	Suite, Apt. #, etc. 27 KIVIERA BED	ch. 71	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3404 PalmBeac	128 33404	USA-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25 USA.	29 30	Country	This corporation owes the current year Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81. Name and Address of New Registered Agent					
TOTTEN, GLORIA J 515 EVERGREEN DR LAKE PARK FL 33403				STEN GORIA - esgip. O. Box Number in Not Acceptable)) .
			84 City	F	
11. Pursuant to the previsions 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 of applicable (NOTE: Registered Agent signature required when reinstating) OATE OATE					
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETE	1.1 TITLE }	TOALLY	☐ Change ☐ Addition
NAME	TOTTEN, DOLLY	ſ	1.2 NAME 7	OTTEN JULY	
STREET ADDRESS	515 EVERGREEN DR		1.3 STREET ADDRESS /	B. B. D. G. GORD J	1 230000
CITY-ST-ZIP	LAKE PARK FL		14 CITY-ST-ZIP	RIVERA SCACA, 7	Change Addition
TITLE		-	2.1 TITLE		CL cuarde Cl vocaqui
NAME			2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE			3.1 TITLE		☐ Change ☐ Addition
NAME		_	3.2 NAME	÷	
STREET ADDRESS			3.3 STREET ADDRESS	•	

6.4 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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3 4. CITY- ST- ZIP

4.3 STREET ADDRESS

5.3 STREET ADORESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

☐ DELETE

Change

Change

☐ Change

Addition

Addition

Addition

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90052 030 ***150.00