FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

7. Corporation	MENT # P9500(PROPERTIES, INC.	0005457					
Principal Place	e of Rusiness	Mailing Address			- I (MOLIDALIEM DELOI OFILE MALLE OBEIL ODILE DAIS	i Maidi Billi Bilani d	##### ################################
Principal Place of Business DAN R. HALLALLER 1590 WATERWITCH DR. ORLANDO FL 32806		DAN R. HALLALLER 1590 WATERWITCH DR. ORLANDO FL 32806		DO NOT WRITE IN THI	S'SPACE		
					3. Date Incorporated or Qualifed		
					01/18/1995		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	olied For
21		26			59-3307455	\$8.75 A	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Red	
City & State	Δ	City & State			6. Election Campaign Financing	\$5.00	·
23	6	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year la	ntangible	
24	25	29	30		Personal Property Tax.		□No
<u>*-1</u>	9. Name and Address of Curre				10. Name and Address of New Registered	f Agent	
			81	Name			
	LAUER, DAN R		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
1590 WATERWITCH DR.				0.100171001			et v
ORL	ando FL 32806		83				
			84	City		85 Zip C	ode
				1	F		
11. Pursuant office or reagent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statute e of Florida. Such change was a lations of, Section 607.0505, Flor	es, the above uthorized by rida Statutes	e-named corp the corporation	oration submits this <u>statement for</u> the purpose on's board of directors. I hereby accept the app	it changing its r sintment as reg	registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE:	: Registered Agen	nt signature require	d when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	HALLALLER, DAN R		1.2 NAME		·		
STREET ADDRESS	1590 WATERWITCH DR.		1.3 STREET	ADDRESS	•		
CITY-ST-ZIP	ORLANDO FL 32806		1.4 CITY-S	T-ZiP			
TITLE		☐ DELETE	2.1 TITLE			Change	Addition A
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition \
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			N. I Addition
TITLE			4.1 TITLE				` · D Addition
NAME		☐ DELETE			• • • • • • • • • • • • • • • • • • • •	☐ Citalige	
STREET ADDRESS		- DELETE	4. 2 NAME			□ Change	ļ
STREET ADDRESS		C DELETE	4.2 NAME 4.3 STREET	ADDRESS		□ orange	
CITY-ST-ZIP			4. 2 NAME 4.3 STREET 4.4 CITY-S	ADDRESS			Addition
CITY-ST-ZIP		☐ DELETE	4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	ADDRESS		Change	Addition
CITY-ST-ZIP TITLE NAME			4. 2 NAME 4.3 STREET 4.4 CITY-S' 5.1 TITLE 5.2 NAME	TADDRESS			☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	T ADDRESS T-ZIP T ADDRESS			☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.2 NAME 4.3 STREET 4.4 CITY-S' 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S'	T ADDRESS T-ZIP T ADDRESS		Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	T ADDRESS T-ZIP T ADDRESS			Addition

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.

ALLAMER 1/20/99 **SIGNATURÉ**

6.4 CITY-ST-ZIP

Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90023 003 ***150.00