

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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90200 037 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000012240

1. Corporation Name  
LAS PALMAS PROPERTIES, INC.



Principal Place of Business 11922 FAIRWAY LAKES DR. FT MYERS FL 33913 US	Mailing Address 11922 FAIRWAY LAKES DR. FT MYERS FL 33913 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11930 Fairway Lakes Dr Suite, Apt. #, etc. 22 Suite #2 City & State 23 Fort Myers Florida Zip Country 24 33913 25 USA		2a. Mailing Address 26 11930 Fairway Lakes Dr Suite, Apt. #, etc. 27 Suite #2 City & State 28 Fort Myers, Florida Zip Country 29 33913 30 USA		3. Date Incorporated or Qualified 02/13/1995	4. FEI Number 65-0405022	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Person or Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

DOCKERY, SAMUEL E  
11922 FAIRWAY LAKES DR.  
FT MYERS FL 33913

10. Name and Address of New Registered Agent

81 Name  
DOCKERY, SAMUEL E.  
82 Street Address (P.O. Box Number is Not Acceptable)  
11930 Fairway Lakes Dr.  
83 Suite #2  
84 City  
Fort Myers FL 85 Zip Code  
33913

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  Samuel E. Dockery 4-26-99  
(Signature, typed or printed name of registered agent and date if applicable) (Not for Registered Agent signature required when filing statement) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVTS	1.1 TITLE	PVTS
NAME	DOCKERY, SAMUEL E	1.2 NAME	DOCKERY, SAMUEL E.
STREET ADDRESS	11922 FAIRWAY LAKES DR.	1.3 STREET ADDRESS	11930 Fairway Lakes Dr.
CITY-STATE-ZIP	FT MYERS FL	1.4 CITY-STATE-ZIP	Fort Myers, FL 33913
<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  Samuel E. Dockery 4-26-99 941-768-5070  
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (1/98)