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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000044283

CORSON RESIDENTIAL ASSOCIATES, INC.

Principal Place of Business	N	failing Address .					10.01 0.111 00111 0				
1034 16TH NO		034 16TH ST NO	_								
ST PETERSBURG FL 33705		ST PETERSBURG FL 33705 US				DO NOT WRITE IN THIS SPACE					
US	O	S				3. Date Incorp 06/08/19	orated or Qualifed				
2 Discipal Discost Business		a. Mailing Address				4, FEI Number			TE	Applied F	or
2. Principal Place of Business	-	i. Mailing Address				59-33186			\longrightarrow	Not Applic	
Suite, Apt. #, etc.	26	Suite, Apt. #, etc.								Addition	
22	27	1				5. Certificate o	f Status Desired		Fee	Required	}
City & State		City & State	- <u></u> -			6. Election Ca	mpaign Financing		\$5.0	0 May B	e
23	28						Contribution		Adde	d to Fees	
Zip	Country	Zip	Counti	ry		8. This corpor	ation owes the cui	rent year Inta	angible		
24 25	29		30				operty Tax.		☐ Yes	□No	
	I Address of Current Regi	stered Agent		_,		10. Name and	Address of New	Registered	Agent		
, , , , , , , , , , , , , , , , , , , ,	-		8	11 N	Name						
LETTELLEIR, AMY			8	32 S	Street Addre	ess (P.O. Box Nur	nber is Not Accep	table)			
200 CENTRAL AVE		•				· · · · · · · · · · · · · · · · · · ·	<u> </u>				
BARNETT TOWER,			8	33							
CT DETERMINE	FL 33701		, R	34 C	City				85 Zi	p Code	—⊣
ST. PETERSBURG					•			FL		•	
44.8	-f C4: CO7 0E03 and :										
11. Pursuant to the provisions office or registered agent, agent. I am familiar with, a	or both, in the State of Flor and accept the obligations o	ida. Such change was a f, Section 607.0505, Flo	uthorized b rida Statute	es.	e corporatioi	on's doard of direct	ors. I hereby acce	pt the appoi	ntment as	registered	d
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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 of the receiver or trubee empowered to exercise 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 attaching empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP