

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90107 007 ***750.00

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DOCUMENT # P95000070501

1. Corporation Name

FLORIDA NATIONAL PROPERTIES, INC.



Principal Place of Business
3300 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

Mailing Address
3300 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1995

4. FEI Number
65-0615052

Applied For
No Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 24301 Walden Center Dr

27 Suite, Apt. #, etc.

27 Suite 300

28 City & State

28 Bonita Springs, FL

29 Zip

29 34134

30 Country

30 USA

9. Name and Address of Current Registered Agent

NANCE, MARYANN
3300 UNIVERSITY DRIVE
3300 UNIVERSITY DR, 9TH FLOOR
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name
Vivien Hastings

82 Street Address (P.O. Box Number is Not Acceptable)
24301 Walden Center Drive

83 Suite 300

84 City

Bonita Springs

85 State

FL

85 Zip Code

34134

11. Pursuant to the provisions of Sections 607.0501 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

Vivien Hastings

3/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME STREIB, LARRY W
STREET ADDRESS 3300 UNIVERSITY DRIVE
CITY-STATE-ZIP CORAL SPRINGS FL

TITLE VSD ☐ DELETE
NAME DUESSES, D R
STREET ADDRESS 3300 UNIVERSITY DR
CITY-STATE-ZIP CORAL SPRINGS FL 33065

TITLE DTAS ☐ DELETE
NAME DISTEFANO, P L
STREET ADDRESS 3300 UNIVERSITY DRIVE
CITY-STATE-ZIP CORAL SPRINGS FL 33065

TITLE V ☐ DELETE
NAME ADELMAN, STEVEN C
STREET ADDRESS 23401 WALDEN CENTER DR
CITY-STATE-ZIP BONITA SPRINGS FL 34134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☐ Change ☒ Addition
1.2 NAME Albert F. Moscato, Jr.
1.3 STREET ADDRESS 24301 Walden Center Drive
1.4 CITY-STATE-ZIP Bonita Springs, FL 34134

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Dyess, D.R.
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 24301 Walden Center Drive
3.4 CITY-STATE-ZIP Bonita Springs, FL 34134

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven C. Adelman, Vice President

3/26/99 (941) 947-2600

Date

Daytime Phone #

CR2E034 (11/98)