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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000079126 1. Corporation Name

PROPERTY, ESTATE & MANAGEMENT, INC.

Principal Place	of Business	Mailing Address				- ((Colife) (II INIA) Alli) Addit Addit Addit Addit (Cole Addit Viana Mara and Ana)
1401 ATLANTIC	BLVD.	1401 ATLANTIC BLVD.				
NEPTUNE BEAC	CH FL 32266	NEPTUNE BEACH FL 32266				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						10/11/1995
2 Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number 59-3346385 Applied For
21	50 5. Basilioss	26				59-3346385 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_ \$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	e	City & State				6. Election Campaign Financing 5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		intry		8. This corporation owes the current year Intangible
24 25		29 30		ī		Personal Property Tax.
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered Agent
DATI	TERSON, LAWRENCE R			"	Name	
	SOUTH THIRD ST.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
	KSONVILLE BEACH FL 32250			83		
JAC1	NOONNEED DE NOTT : E DEEDO					
				84	City	FL 85 Zip Code
44 Diverse to the provisions of Sections 607 0502 and 607 1508 Florida Statutes the ab				bove	-named corpo	pration submits this statement for the nurroose of changing its registered
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.						
		ions of, Section 607.0505, Fig.	PA	T.	EL -01	WNER 4-18-99
SIGNATURE	Amature, typed or printed name of egistered agent	and title if applicable. (NOTE			signature required	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 ₹1	TLE		☐ Change ☐ Addition
NAME	PATEL, PRAKASH		1.2 N	ME		
STREET ADDRESS	1401 ATLANTIC BLVD.		1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		1.4 CITY-ST-ZIP		-ZIP	
TITLE	☐ DELETE 2.1		2.1 TI	TLE		☐ Change ☐ Addition ☐
NAME			2.2 N	2.2 NAME		ļ
STREET ADDRESS			2.3 \$	REET	ADDRESS	
CITY-ST-ZIP			2.4 CIT		T-ZIP	Change Addition
TITLE		☐ DELETE	_		-	☐ Change ☐ Addition
NAME			3.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		☐ DELETE	_	ITY-S	T-ZIP	Change Addition
TITLE		DELETE	4.1 Ti			
NAME			4.21		1000000	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		□ DELETE	4 4 C	TY-\$1	- ZIP	☐ Change ☐ Addition
TITLE			5.1 N			
NAME					ADORESS	
STREET ADDRESS				TY-\$1		-
CITY-ST-ZIP	-31-ZF 6:		6.1 T			☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADDRESS	}		6.3 S	TREET	ADDRESS	

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90057 014 ***150.00