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

9951 ATLANTIC BOULEVARD, SUITE 172

JACKSONVILLE FL 32225

May 07, 1999 8:00 am Secretary of State

05-07-1999 90131 005 ***150.00

DO NOT WRITE IN THIS SPACE

120-0888

3. Date Incorporated or Qualifed

DOCUMENT # P95000092552

1. Corporation Name

Principal Place of Business

IACKSONVILLE FL 32225

BEE'S REALTY OF JAX, INC.

999) ATLANTIC BOULEVARD, SUITE 172

								12/05/1995				
2. Principal P	Place of Business	2a. Ma	2a. Mailing Address				4.	FEI Number			Applied For	
·¦		26					ĺ	59 <u>-3253177</u>			Not Applicable	
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.				5.	Certifcate of Status Desired	□		Additional Required	
City & State			City & State					Election Campaign Financing	J 🗆		May Be d to Fees	
'; Zip	Country	Zip		Cour	ntrv		+		reent year Int		10165	
.1	25 29				30			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
			_ / ·g		81	Name				•		
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE												
					82 Street Address (P.O. Box Number is Not Acceptable)							
CORAL GABLES FL 33134				Ì	83							
										·,—		
					84	City			FL	85 Zij	p Code	
I1 Purcuant	to the provisions of Sections 607.0502	and 607 1	508 Florida Statu	lee the at	i nove:	-named corpo	oration	n submits this statement for th		l I changing i	ts registered	
office or r	egistered agent, or both, in the State of	f Florida. S	uch change was a	authorized	by t	he corporatio	on's bo	pard of directors. I hereby acc	ept the appoin	ntment as	registered	
agent. I a	m familiar with, and accept the obligation	ons of, Sec	tion 607.0505, Flo	orida Statu	ites.							
SIGNATURE	Signature, typed or printed name of registered agent	and title if sonli	icable /NOT!	E. Pagintared	Agent	signature required	d when r	rains(ating)	DATE			
12.	OFFICERS AND			13.	rigani	signature required		ADDITIONS/CHANGES TO C		D DIRECT	FORS IN 12	
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6.2 NAME

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.