

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90007 032 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000093232 ✓  
1. Corporation Name

**Stargate Properties Inc.**

552465 - 90007 - 32

Principal Place of Business      Mailing Address  
**10960 Beach Blvd #251      10960 Beach Blvd #251**  
**Jacksonville FL 32246      Jacksonville, FL 32246**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/06/95**

2. Principal Place of Business      2a. Mailing Address  
21 **12951 Julington Ridge**      26 **12951 Julington Ridge**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22 **Dr E**      27 **Dr E**  
City & State      City & State  
23 **Jacksonville, FL**      28 **Jacksonville, FL**  
Zip      Zip      Country  
24 **32258-3412**      29 **32258-3412**      30 **USA**

4. FEI Number      Applied For  
**59-3349155**      Not Applicable

5. Certificate of Status Desired      ☒ **\$8.75** Additional  
Fee Required

6. Election Campaign Financing      ☐ **\$5.00** May Be  
Trust Fund Contribution      Added to Fees

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

9. Name and Address of Current Registered Agent

**TenBroeck, Karen F.**  
**10960 Beach Blvd, # 251**  
**Jacksonville, FL 32246**

10. Name and Address of New Registered Agent

81 Name      **Michael A. Duprel, Sr**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**12951 Julington Ridge Dr E**  
83  
84 City      **Jacksonville**      85 Zip Code      **FL 32258-3412**

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

**Michael A. Duprel Sr, P      5/10/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P/S/C</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>TenBroeck, Karen F.</b>
STREET ADDRESS	<b>10960 Beach Blvd #251</b>
CITY-ST-ZIP	<b>Jacksonville, FL 32246</b> <input checked="" type="checkbox"/> DELETE
TITLE	<b>V/T/D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>Hancock, Kimberly L.</b>
STREET ADDRESS	<b>7723 Homewood Dr.</b>
CITY-ST-ZIP	<b>Jacksonville, FL 32256</b> <input type="checkbox"/> DELETE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Linda G. Duprel</b>
1.3 STREET ADDRESS	<b>12951 Julington Ridge Dr E</b>
1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32258-3412</b>
2.1 TITLE	<b>VP/T/C</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Michael A. Duprel Sr.</b>
2.3 STREET ADDRESS	<b>12951 Julington Ridge Dr E</b>
2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32258-3412</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/10/99      904-262-5548**

CR2E034 (11/98)