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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000096181**1. Corporation Name

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90026 046 ***150.00

ORCHAF	RD REALTY INC.							
	<u> </u>							
Principal Plac	e of Business	Mailing Address						181 B) B) 1 FB) 1881
2033 TRADE C	ENTER WAY	2033 TRADE CENTER	WAY					
SUITE 3 SUITE 3 NAPLES FL 34109 NAPLES FL 34109						DO NOT WRITE IN TH	S SPACE	
US US						3. Date Incorporated or Qualifed	3 3FACE	
		V				12/20/1995		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	117	Applied For
21		26				65-0636764)	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc						Additional
22		. 27				5. Certifcate of Status Desired	Fee F	Required
City & Stat	е	City & State				6. Election Campaign Financing	\$5.0	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		untry		8. This corporation owes the current year I		_
24	25	29	30	_		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	it Registered Agent		81	Name	10. Name and Address of New Registere	Agent	
RICH	HARDS, STANLEY V			"	Name			
	TRADE CENTER WAY			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		}
SUIT				83				
	LES FL 34109							
				84	City	F	85 Zip	Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida S	Statutes the s	hove	-named com	oration submits this statement for the purpose o		ts registered
office or re	egistered agent, or both, in the State	of Florida. Such change w	vas authorized	d by t	the corporation	on's board of directors. I hereby accept the app	pintment as i	egistered
ū	m familiar with, and accept the obligat	tions of, Section 607.0505	i, Fiorida Stat	lutes.	•			1
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable.	(NOTE: Registered	d Agent	t signature required	d when reinstating) DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	D	☐ DELET	Έ 1.1 TI	ITLE			☐ Change	Addition
NAME	RICHARDS, STANLEY V		1.2 N/	AME		•		
STREET ADDRESS	2033 TRADE CENTER WAY, SU	JITE 3	1.3 \$	TREET	ADDRESS			I .
CITY-ST-ZIP	NAPLES FL 34109				1			
TITLE	T			ITY-ST	-ZiP			í
NAME	!	☐ DELET			-ZIP		☐ Change	Addition
, water	STOPPS, WILLIAM E	☐ DELET	_	TLE	-ZIP		☐ Change	Addition
STREET ADDRESS	· ·	☐ DELET	E 2.1 TT	TLE AME	ADDRESS		☐ Change	Addition
	STOPPS, WILLIAM E		E 2.1 TI 2.2 NV 2.3 ST 2.4 C	TLE AME	ADDRESS			_
STREET ADDRESS	STOPPS, WILLIAM E 203 TRADE LENTER WAY	☐ DELET	E 2.1 TI 2.2 NV 2.3 ST 2.4 C	ITLE AME TREET CITY-\$1	ADDRESS		☐ Change	_
STREET ADDRESS CITY-ST-ZIP TITLE NAME	STOPPS, WILLIAM E 203 TRADE LENTER WAY		2.1 TI 2.2 NV 2.3 ST 2.4 C	TILE AME TREET CITY-\$1	ADDRESS			_
STREET ADDRESS CITY-ST-ZIP TITLE	STOPPS, WILLIAM E 203 TRADE LENTER WAY		2.1 TI 2.2 NV 2.3 ST 2.4 C	TILE AME TREET CITY-SI TLE AME	ADDRESS			_
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STOPPS, WILLIAM E 203 TRADE LENTER WAY	☐ DELET	21 TT 22 NV 23 ST 2 4 C 3.1 TT 32 NV 3.3 ST 3.4. C	TILE AME TREET CITY-ST TILE AME TREET	ADDRESS T-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	STOPPS, WILLIAM E 203 TRADE LENTER WAY		21 TT 22 NV 23 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C E 4.1 TT	TILE TREET CITY-SI TILE AME TREET CITY-SI TILE	ADDRESS T-ZIP	: - -		Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	STOPPS, WILLIAM E 203 TRADE LENTER WAY	☐ DELET	2.1 TT 22 NV 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N	TILE AME TREET TILE AME TREET TITY-ST TILE TAME	ADDRESS T-ZIP ADDRESS T-ZIP		☐ Change	Addition
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indicated on this annual report or supplemental annual report is true and adjurate 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE: