Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90010 026 \*\*\*150.00

## 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

## DOCUMENT # P96000026783

<ol> <li>Corporation</li> </ol>	n Name	, o			1			
PEPITONE REALTY MANAGEMENT SERVICES CORP.								
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Principal Place	e of Business	Mailing Address			- 1981/100/210 18/44 0//	H OBER ODIN POLN OF NO	<b>                                    </b>	)
4210 METRO PARKWAY 4210 METRO PARKWAY								
FORT MYERS FL 33916 FORT MYERS FL 33916				}				
US US				DO NOT WRITE IN THIS SPACE				
					3. Date incorporated or C	lualifed		
					03/21/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			pplied For
21		26			65-0662212			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status De	sired 🔲		Additional
22		27	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<b>0</b> , 20, 100, 100, 100, 100, 100, 100, 100,			equired
		City & State	City & State		6. Election Campaign Fin	*		May Be
23		28	<del></del>		Trust Fund Contributio		Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes	=		<b></b> 1
24	25		30		Personal Property Tax		☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent	104/ 11		10. Name and Address o	f New Registered	Agent	
סבסו	TONE THOMAS		81 N	ame	•			
	ITONE, THOMAS ) METRO PRKWAY		<b>82</b> S	treet Addre	ss (P.O. Box Number is Not	Acceptable)		
					<u> </u>			
FIN	NYERS FL 33916		83					
			84 C	ity	<del></del>		[85 Zip	Code
			l i			FL	. [	
	to the provisions of Sections 607.050							
office or r	egistered agent, or both, in the State	of Florida. Such change was au	thorized by the	corporation	l's board of difectors, i heret	y accept the appoi	ntmeni as i	egistereu
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statutes.					
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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 all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAMB OF JUSTING OFFICER OR DIRECTOR

941-274-9101