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 # P96000042361

1. Corporation Name

FLORIDA PROPERTY RESTORATIONS, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90220 042 ***150.00

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Principal Place of Business Mailing Address			T ABOUTEOU LUG COULD ACTUS OUT OUT OF THE	. (111 56 411 35)	EIRIE IIABB IIIE	. 0:101 101 100			
	51 NW 85TH LANE 2161 NW 85TH LANE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071			DO NOT WRIT	E IN THIS	SPACE			
						3. Date Incorporated or Qualifed	E IN THIS	SPACE	
•						05/10/1996	•		
A Drivering D	and of Business	2a, Mailing Address				4. FEI Number		Ar	oplied For
	ace of Business	26. Walling Address				65-0663090		⊢ ⊢	ot Applicable
Suite, Apt.	# ofc	Suite, Apt. #, etc.							Additional
22	m, u.c.	27			5. Certifcate of Status Desired		Fee R	equired	
City & State				6. Election Campaign Financing		\$5.00	May Be		
23	•	28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Coun	ntry		8. This corporation owes the curre	ent year In		_
24	25	29	30			Personal Property Tax. Yes No			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered	Agent	
4 325 42	N. DODERT O ID			81 1	Name				
	CH, ROBERT C JR		r	82 5	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
	NW 85TH LANE		\						
COR	AL SPRINGS FL 33071			83					ĺ
			-	84 (85 Zip	Code
					•		<u>FL</u>	_	
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was all	itnonzea	DV ING	amed corpo corporation	ration submits this statement for the parties board of directors. I hereby accept	ourpose of t the appo	f changing its intment as re	registered egistered
SIGNATURE							DATE		
	Signature, typed or printed name of registered agen			Agent siç	gnature required	when reinstating) ADDITIONS/CHANGES TO OFF		ND DIDECTO	DRS IN 12
12.	PT OFFICERS AN	ID DIRECTORS DELETE	13.		\neg	ADDITIONS/CHANGES TO OFF	ICENS A	☐ Change	Addition
TITLE	LYNCH, ROBERT C JR		1.2 NA						
NAME	2161 NW 85TH LANE			REET AD	INDESS !				[
STREET ADDRESS	CORAL SPRINGS FL 33071			Y-ST-Z					
CITY-ST-ZIP	VS	□ DELETE	2.1 TITI					☐ Change	☐ Addition
NAME	LYNCH, MARY E	_	2.2 NAI		Ì				}
STREET ADDRESS	2161 NW 85TH LANE			REETAD	ORESS				1
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1	Y-ST-Z	1				Ì
TITLE		DELETE	3.1 TITI		~ ~			Change	Addition
NAME			3.2 NA						
STREET ADDRESS	ŧ		3.3 STF	REET AD	DRESS				
CITY-ST-ZIP			3.4. Cf	ry-st-z	ZIP				
TITLE		☐ DELETE	4.1 TITI					Change	Addition
NAME		•	4. 2 NA	ME					
STREET ADDRESS			4.3 STE	REET AC	DRESS				ļ
CITY-ST-ZIP			4.4 CIT	Y-ST-Z	IP				
TITLE		☐ DELETE	5.1 TITI	LE				☐ Change	☐ Addition
NAME	•		5.2 NA	ME	İ				1
STREET ADDRESS			5.3 STI	REET AC	DDRESS)
CITY-ST-ZIP			_	Y-ST-Z	IP				
TITLE		☐ DELETE	6.1 TIT	ιE	I -			Change	Addition
NAME			6.2 NA	ME	1				1
STREET ADDRESS			6.3 STI	REET AC	DRESS				
CITY OT 7ID			6.4 CIT	Y-ST-Z	IP				

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: