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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000043222 (4)

CAVLEE PROPERTIES, INC.

Principal Place of Business

877 EXECUTIVE CENTER DR. WEST SUITE 303. GLADES BLDG. ST. PETERSBURG FL 33702 Mailing Address

877 EXECUTIVE CENTER DR. WEST SUITE 303. GLADES BLDG. ST. PETERSRIPG EL 33702

FILED Apr 01 1998 8:00am Secretary of State



ST. PETERSB	URG FL 33702	ST. PETERSBURG FL 33702				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 05/21/1996			
	lace of Business	2a. Mailing Address				4—————————————————————————————————————		Applied For	
21 Suite Apt		26				59-3406048		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	۵	City & State				A Flority Oversity Fr			
23		28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Ζιρ	Co	untry	,	8. This corporation owes or has paid the cu	rrent year I	ntangible	
24		29	30					⊠ No	
	g, Name and Address of Curre	nt Registered Agent		٠,		10. Name and Address of New Registered	Agent	·	
MA	SCARA, ERNEST L			81	Name				
877 EXECUTIVE CENTER DR. WEST				82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
	ITE 303, GLADES BLDG. PETERSBURG FL 33702			63					
• • • • • • • • • • • • • • • • • • • •				84	City	<u> </u>	85 Zir	Code	
				للل	·	FL	<u>- </u>		
	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida Such change was lations of, Section 607.0505, F	authorize lorida Sta	ed by	the corporat	oration submits this statement for the purpose of ion's board of directors. I hereby accept the ap	pointment a	is registered	
SIGNATURE	Signature, typnd or printed name of registered ag	ont and title if applicable (NO	TE Register	ed Age	nt signature requir	ed when reinstating) DATE			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	DPST	DELETE	1.1 1	ITLE			☐ Change	Addition	
NAME	Evans, Lee		1.2 1	NAME]				
STREET ADDRESS	370 8TH AVE N		1.3 5	STREET	ADDRESS				
CITY-ST-ZIP	TIERRE VERDE FL 33715		1.4 0	1.4 CITY - ST - ZIP					
TITLE		DELETE	2.11	TITLE			☐ Change	Addition	
NAME			2.2 N	NAME					
STREET ADDRESS			2.3 \$	STREET	ADDRESS				
CITY-ST-ZIP			2.4	CITY-S	ST-ZIP				
TITLE		DELETE	3.1 1	TITLE	-		Change	Addition	
NAME			3.2 M	3MAV	}				
STREET ADDRESS			3.3 9	STREET	ADDRESS			1	
CITY-ST-ZIP				CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 7	TITLE	f		☐ Change	Addition	
NAME			4.2	NAME					
STREET ADDRESS					ADORESS				
CITY-ST-ZIP		[7] nr:		CITY-S	Y-ZIP			- 1 4 A Pro	
TITLE		DELETE	5.1 T				Change	Addition	
NAME				MAME	1				
STREET ADDRESS			5.3 \$	STREET	ADDRESS				
City-St-ZIP				CITY - S	T-21P			- T	
TITLE		☐ DELETE	6.1 T				Change	Addition	
NAME			6.21	NAME					
STREET ADDRESS			6.3 5	STREET	ADORESS				
CITY-ST-ZIP	484		6.4 0	HY-S	T - 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.

SIGNATURE:

WEW JEE

- LEE EVANS

22 78