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 # P96000043409 (7)

PATHFINDER PROPERTIES, INC.

FILED Feb 03 1998 8:00am Secretary of State



1/2 6242691

Principal Place of Business Mailing Address				* ************************************	inan ziter Arbit Marif falt fadt
2312 DEL WEBB BLVD E P.O. BOX 5129					
SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33571			71	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				05/15/1996	
'	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21 2010			·	59-3395846	Not Applicable
Suite, Apt.	#, e 1c.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23	· ·	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	Added to Fees
24	25	├ ─ '	10	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current I	<u> </u>		10. Name and Address of New Registere	
DINOFSKY, NAT D 81 Nam				(address charge only	
2312 DEL WEBB BLVD E			82 Street A		<u></u>
SUN CITY CENTER FL 33573				ddress (P.O. Box Number is not Acceptable)	
83					
			84 City		
			84 City	F	85 Zip Code
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					
Signature, typod or portlad name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. Trile	OFFICERS AND I	DIHECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
NAME	D/P/T	M DETELE	1.1 TITLE	_	Change Addition
STREET ADDRESS	DINOFSKY, NAT D 2312 DEL WEBB BLVD E		1.2 NAME	2010 East View Drive	
CITY-ST-ZIP	SUN CITY CENTER FL 33573			acro casi vie solive	7
TITLE	SON CITT CENTER PL 33373	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		CT Orango CT Radition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - ST - ZIP		İ
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		į
CITY-ST-ZIP			4.4 City - St - ZiP		
TITLE	***************************************	DELETE	5.1 THILE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-S1-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>		64 CITY-ST-ZIP		
14 barabu a	actifuthal the information cumplied with	thin tiling stopp not availed for t	be everenties stated	in Coction 110 07/9/() Florido Statutos I further	

receipt certify that the information supplied with this filling floes not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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 receiverfor trustle 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 an attachment with an address.