PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600043409

1. Corporation Name

PATHFINDER PROPERTIES, INC.

Principal Place of Business Mailing Address						1 10011601 HE INITE SILL SELL SELL SELL SELL SELL SELL SILL SI
2010 EAST VIEW SUN CITY CENT US		P.O. BOX 5129 SUN CITY CENTER FL 3357	P.O. BOX 5129 Sun City Center FL 33571			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						05/15/1996 4. FEI Number - Applied For
Principal Place of Business 2a. Mailing Address						···
Suite, Apt.	# atc	Suite, Apt. #, etc.				\$8.75 Additional
22 Suite, Apt.	#, etc.	27	- -1			5. Certificate of Status Desired Fee Required
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	ry		8. This corporation owes the current year Intangible Personal Property Tax.
24	25		30			Personal Property Tax. Syes INO 10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Registered Agent	8	1 N	Name	10. Name and Address of New Registered Agent
DINO	DFSKY, NAT D		L			
	EASTVIEW DRIVE		8:	2 S	Street Addres	ss (P.O. Box Number is Not Acceptable)
SUN	CITY CENTER FL 33573		8	3		
			8	4 0	City	85 Zip Code
					•	ration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered ager	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized b da Statute	y the	e corporation'	is board of directors. I nereby accept the appointment as registered
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DIPIT	☐ DELETE	1.1 TITLE	:		Change Addition
NAME	DINOFSKY, NAT D		1.2 NAME	_		
STREET ADDRESS	2010 EAST VIEW DRIVE		1.3 STREET ADDRESS		DRESS	
CITY-ST-ZIP	SUN CITY CENTER FL 33573		1.4 CITY-ST-ZIP		JP .	
TITLE	-	☐ DELETE	2.1 TITLE	Ė	J	☐ Change ☐ Additio
NAME			2.2 NAME		1	•
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP		☐ D€LETE	2. 4 CITY		IP	☐ Change ☐ Addition
TITLE		C Defere	3.1 TITLE 3.2 NAME			_ onango
NAME			3.3 STRE)DBtee	
STREET ADDRESS			3.4. CITY			
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		.IF	☐ Change ☐ Addition
NAME		_	4. 2 NAME			•
STREET ADDRESS			4.3 STRE		ODRESS	•
CITY-ST-ZIP				ST-ZI	1	
TITLE				1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	Ē		
STREET ADDRESS			53 STRE	ET AD	DORESS	
CITY-ST-ZIP			54 CITY-	-ST-ZI	JP	

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.

6.1 TITLE

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

Addition

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90026 020 ***150.00