FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90054 026 \*\*\*150.00

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000053142

1. Corporation Name

QUALIFIED PROPERTIES, INC.

Principal Place	e of Business	Mailing Address		1 16611481 152 16710 67101 28101 68101 68101	#0101 01/86 11101 11E11 01010 11E1 1001
10936 N 56TH	ST ·	10936 N 56TH ST			
1 *****		SUITE 202		DO NOT WRITE IN	THIS SPACE
TEMPLE TERRACE FL 33617 TEMPLE TERRACE FL 33617			3. Date Incorporated or Qualifed	THIS SPACE	
ţ				06/21/1996	
2 Dringingt D	lose of Business	2a. Mailing Address		4, FEI Number	Applied For
· .	lace of Business	— ĭ		59-3386951	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		_	\$8.75 Additional
	my Glov . The fraggless of the contract of the	27		5. Certifcate of Status Desired	Fee Required
City & State	· · · · · · · · · · · · · · · · · · ·	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye	ar Intangible
24	25	29 30	<u> </u>	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Regist	ered Agent
			81 Name		•
BAKER, JOHN M		•	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
1	W COLUMBUS DR				
j TAM	PA FL 33602		83		
			84 City		85 Zip Code
	•				FL   S   Z   S   S   S
) office or r	to the provisions of Sections 607.050; registered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was autt	nonzea ov the corporati	poration submits this statement for the purpo on's board of directors. I hereby accept the	se of changing its registered appointment as registered
ayent. ra	an joinmar than, and detept are delige	1010 01, 0000011 001 10000, 1 10110			
SIGNATURE	•			Dia di urban salinatatina)	TF.
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: Re	egistered Agent signature require		
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN		ngistered Agent signature require	ad when reinstating) DA ADDITIONS/CHANGES TO OFFICEF	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN	at and title if applicable. (NOTE: Re	ngistered Agent signature require  13.  1.1 TITLE		RS AND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN P ROBERTS, H. DAVID	at and title if applicable. (NOTE: Re	agistered Agent signature require  13.  1.1 TITLE  1.2 NAME		RS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN P ROBERTS, H. DAVID 10936 N. 56TH ST. #202	at and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		RS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN P ROBERTS, H. DAVID	at and title if applicable. (NOTE: Re	agistered Agent signature require  13.  1.1 TITLE  1.2 NAME		RS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered ager OFFICERS AN P ROBERTS, H. DAVID 10936 N. 56TH ST. #202	nt and title if applicable. (NOTE: Re D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE		RS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered ager OFFICERS AN P ROBERTS, H. DAVID 10936 N. 56TH ST. #202 TEMPLE TERRACE FL 33617	nt and title if applicable. (NOTE: Re D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		RS AND DIRECTORS IN 12
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CITY-ST-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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS