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PROFIT CORPORATION **ANNUAL REPORT**

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FLORIDA DEPARTMENT OF STATE

Sandra, B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000062906 (8)

FLORIDA INSEL PROPERTIES, INC.

FILED Apr 20 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 1427 MINEO DR P O BOX 511037 PUNTA GORDA FL 33951-037 **PUNTA GORDA FL 33950** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/26/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 65-0684798 21 \$8.75 Additional Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. ☐ No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MCKINLEY, MICHAEL R 18401 MURDOCK CIRCLE Street Address (P.O. Box Number is Not Acceptable) **PORT CHARLOTTE FL 33948** City Zip Code 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Fiorida. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typod or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ___ Addition DELETE 1 1 TITLE TITLE SCHULZ, ANN E 1.2 NAME NAME P O BOX 511037 N/A 1.3 STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL 37** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 21 TITLE TITLE **VPSD SCHULZ, MARTIN** 2.2 NAME NAME P O BOX 511037 (N/A) 2.3 STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL 37** 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change ___ Addition 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 recorded by shapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 2/21/00

Ann & C-