PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000062906

1. Corporation Name

FLORIDA INSEL PROPERTIES, INC.

Principal	Place of	Business

Mailing Address

D O DOV 544007

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90105 001 ***150.00



K A FL 33950	P O BOX 511037 PUNTA GORDA FL 33951-033	7					
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Place of Business	2a. Mailing Address			4. FEI Number			pplied For
1) Rotta Esplan	ado.			65-0684798		· · · · · ·	ot Applicable
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	<u> </u>		=	5. Certifcate of Status Desired			equired
io.				C. Floation Compaign Financing			<u> </u>
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Country		Country	, <u> </u>		mont wors in		
·	<u> </u>		'	· ·	irent year in		□No
	1	101			Pegistered		
9. Name and Address of Current	t Registered Agent	81	Name	10. Name and Address of New	Registered	VAcue	
CINI EY MICHAEL R		"	l tame				
		82	Street	Address (P.O. Box Number is Not Accep	table)		
		-					
TOMANLOTTE PL 33946		83	1				J
		84	City			85 Zip	Code
			<u></u>			-	
to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the abov	e-named	corporation submits this statement for the	e purpose of	changing its	s registered
registered agent, or both, in the State of	or Florida. Such change was aut	nonzeo oy	trie corpo	oration's board of directors. Thereby according	shr me abbor	munerii as ie	egistered
im familiar with, and accept the obligat	ions of, Section 607.0505, Floric	ia Statutes	i.				
im familiar with, and accept the obligat	ions of, Section 607.0505, Florid	ia Statutes	i .				Į
Signature, typed or printed name of registered agen				equired when reinstating)	DATE		
	t and title if applicable. (NOTE: R			equired when reinstating) ADDITIONS/CHANGES TO O		ND DIRECTO	
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

5050482

Change

Addition