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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000078782

1. Corporation Name

FLORIDA PROPERTY WORLD INC

LOUIDA	THO EITH WOILD, INC.						
Principal Place	of Business	Mailing Address			4 IMM FIMMED TOM CHAIN MITTER MARTER MARTER MARTER MARTER	***************************************	**************************************
4151 WEST VIN		4151 WEST VINE STREET					
KISSIMMEE FL 34741 KISSIMMEE FL 34741					ţ		
US	US			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					09/20/1996		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21		26	<u> </u>		59-3406883	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	dditional
22		27		5. Certifcate of Status Desired	Fee Red	puired	
City & State	8	- City & State -			6. Election Campaign Financing	\$5.00 1	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Countr	у	8. This corporation owes the current year	ar Intangible	
24	25	29	30		Personal Property Tax.		□No \
	9. Name and Address of Current				10. Name and Address of New Registe	red Agent	
81 Name							
LAWRENCE, RICHARD C			L				
2941 PEMBRIDGE STREET			8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
KISSIMMEE FL 34747			8	3	-		
				1			,
			8	4 City		FL 85 Zip C	ode
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	s, the abo	ve-named cor	rporation submits this statement for the purpo-	se of changing its	registered
office or re	egistered agent, or both, in the State o	f Florida. Such change was au	thorized b	y the corpora	tion's board of directors. I hereby accept the a	ppointment as reg	jistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	da Statute	ıs.			
SIGNATURE	Signature, typed or printed name of registered agent	MOTE.	Desistered As	ent eignoture maui	ired when reinstating) DAT	re	i
12.	OFFICERS AND		13.	unt alghalare requi	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	PMD	DELETE 1.1 TI				☐ Change	☐ Addition
NAME	LAWRENCE, RICHARD		1.2 NAME			_	j
	AND ADDRESS OFFICER			ET ADDRESS			4
STREET ADDRESS				l l			ļ
CITY-ST-ZIP			1.4 CITY-			Change	Addition
TITLE	_		2.1 TITLE			C change	
NAME	LAWRENCE, HAYRIYE		2.2 NAME				
STREET ADDRESS	2941 PEMBRIDGE STREET		2.3 STRE	ET ADDRESS			
CITY+ST-ZIP	KISSIMMEE FL	<u> </u>	2.4 CITY	-ST-ZIP			
- TITLE		E DELETE -	3.1 TTLE	· ·	The second secon	Change -	Addition
NAME			3.2 NAME	•			
STREET ADDRESS	•		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	_		3.4. CITY	-ST-ZIP	<u></u>		
ΠΠLE	-	☐ DELETE	4.1 TITLE			Change	Addition
NAME			4.2 NAM	E			,
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				ET ADDRESS			
\			5.4 CITY-	· }			}
CITY-ST-ZIP			0.4 01111				

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

☐ Addition