## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P96000078852**1. Corporation Name

BILJERANA PROPERTIES, INC.

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90018 006 \*\*\*150.00



Principal Place of Business Mailing Address 1107 DARTFORD DRIVE 1107 DARTFORD DRIVE						i rasindat isa idala disil dalik Bilik Bilik Bilik		IN. 91518 1581 5885	
TARPONS SPRINGS FL 34689 TARPONS SPRINGS FL 34689						DO NOT WRITE IN THIS SPACE			
	•					3. Date Incorporated or Qualifed	IIS SPACE		
						09/23/1996			
Principal Place of Business     2a. Mailing Address						4. FEI Number		Applied For	
21		26		<u>59-3411354</u>	N	lot Applicable			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			·	- 5Certificate of Status Desired		Additional	
City & Sta		27				5. 55 months 5 months	Fee F	Required	
23	ie .	City & State				6. Election Campaign Financing		May Be	
Zip	Country	Zip Country				Trust Fund Contribution		to Fees	
24	25	29 30				8. This corporation owes the current year Intangible			
	9. Name and Address of Current	<u> </u>	30 <sub>]</sub>			Personal Property Tax.  10. Name and Address of New Registers	∐ Yes	No	
			18	31	Name	TO. Home and Address of New Addistant	su Agent		
HARRILL, JAMES B			L.	_					
	5 U.S. HIGHWAY 19 NORTH #350	)	{	32	Street Addre	Address (P.O. Box Number is Not Acceptable)			
HOL	JDAY FL 34691		8	33					
			8	34	City	A A A A A A A A A A A A A A A A A A A	85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,						F	<del></del>		
	registered agent, or both, in the State o am familiar with, and accept the obligati				ne corporation	n's board of directors. I hereby accept the app	or changing it pointment as r	s registered egistered	
SIGNATURE	Olever in the state of the stat								
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	gent s	signature required	when reinstating) DATE			
TITLE	PD	DELETE	1.1 TITLE	-		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		
NAME	WILSON, GERALDINE		1.2 NAME				. Unange	☐ Addition	
STREET ADDRESS	4403 040TE000 000/E				DDRESS				
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 CITY-		i			ľ	
TITLE		DELETE	2.1 TITLE		ZIF .	·	☐ Change	Addition	
NAME			2.2 NAME					. Dradition	
STREET ADDRESS	•		2.3 STRE		DORESS				
CITY-ST-ZIP		-	2. 4 CITY			<del></del>	<del></del>		
TITLE		☐ DELETE	3.1 TITLE		-		☐ Change	Addition	
NAME .			3.2 NAME					,	
STREET ADDRESS			3.3 STRE	ET A	DDRESS				
CITY-ST-ZIP			3.4. CITY-					2.22 指導了 1	
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition	
NAME			4. 2 NAMI	E			a•		
STREET ADDRESS			4.3 STRE	ET A	DDRE\$S				
CITY-ST-ZIP	·		4.4 CITY-		ļ			l	
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition	
NAME			5.2 NAME			15.7	_ •	_	
STREET ADDRESS			5.3 STRE	ET AL	DORESS	•			
CITY-ST-ZIP	·		5.4 CITY-	ST-Z	ZIP	The second second			
TITLE	•	☐ DELETE	6.1 TITLE		1		☐ Change	Addition	
NAME			6.2 NAME		1			_	
STREET ADDRESS		• •	6.3 STREE	ETAE	ODRESS	·		· .	
CITY-ST-ZIP			6.4 CITY-					1	
14. I hereby co	ertify that the information supplied with	this filing does not qualify for th	e exemp	tion	stated in Sec	ction 119.07(3)(i), Florida Statutes. I further o	artify that the i	nformation	

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.

SIGNATURE: