## 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

## FILED Jan 28, 1999 8:00am Secretary of State

01-28-1999 90049 018 \*\*\*150.00

DOCUMENT #	P96000079067
D O O O	

1. Corporation Name

FEDERAL RESORT PROPERTIES, INC.

			i Gras esbi	i.	mps.			
Principal Place	of Business	Mailing	Address may		eli in	1	. 1,00,0 10 10 2	
1201 TALLEVAST ROAD P.O. BOX 3749 SARASOTA FI 34230 SARASOTA FL 34230					·		-	
SARASOTA FL	34230	Onlinoc	) /			DO NOT WRITE IN THE	S SPACE	
	•					3. Date Incorporated or Qualifed		
	•					09/23/1996	• • •	
			ling Addroop		·	4. FEI Number	App	lied For
Principal Place of Business     2a. Mailing Address					65-0700080		Applicable	
21 26					00 0700000	\$8.75 Ac		
Suite, Apt.	#, etc.	Sun	te, Apt. #, etc.			5. Certifcate of Status Desired	Fee Reg	
22 27						<del></del>		
City & State					6. Election Campaign Financing	\$5.00 M Added to		
23 28					Trust Fund Contribution		71003	
Zip			Countr	y	8. This corporation owes the current year Intangible			
24	25	29		30		Personal Property Tax.		
	9. Name and Address of Cu			8	Name	10. Name and Address of New Rogistero	a rigoni	
RIGG		MULTINE.	M.J. *	°	Name			
MIGC	S, STANLEY A TALLEVAST ROAD	t INCL		8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)		i
1201	MALLEVASI RUAD	7.7	•	L		PETCH AND A SHE WAS A CASE OF A SHE	o i grandi se se e de la compansión de l	704 (257 1871
SAR	ASOTA FL 34230		•	8:	3			
1		-		8	4 City	1 12 PANEL 2 S. M.	85 Zip C	ode
	an and the	0.00	Single Area (A		• •	F		
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1	508, Florida Statu	tes, the abo	ve-named cor	rporation submits this statement for the purpose	of changing its t	registered listered
office or r	egistered agent, or both, in the S	tate of Florida. S	Such change was a ction 607 0505. Flo	authorizeo b orida Statute	y tne corporat s.	rporation submits this statement for the purpose of the sporal of directors. I hereby accept the app	Olitaniona do rog	10.0.00
)	in lamiliar with, and accept the or	Silgations of, occ	34011 001 10000, 7 10				• •	
SIGNATURE	Signature, typed or printed name of registered	d agent and title if appl	icable. (NOTI	E: Registered Ag	ent signature requi	red when reinstating)		
12.		AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	CFO		DELETE	1.1 TITLE		And the state of t	☐ Change	☐ Addition
NAME	RIGGS, STANLEY A			1.2 NAME	:			.
STREET ADDRESS	5400 OCEAN BLVD., UNIT	705		1.3 STRE	ET ADDRESS	,	***	
	SARASOTA FL 34242	•		1.4 CiTY	ST-ZIP			
CITY-ST-ZIP TITLE	0/44/00///12 0/2/2		☐ DELETE	2.1 TITLE			Change	☐ Addition
				2.2 NAM	.	• •		
NAME		•			ET ADDRESS	•	•	Į
STREET ADDRESS				2.4 CITY	_			1.
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CITY-ST-ZIP				3.4. CITY		<u> </u>		
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1								
NAME	544 - CC (844 - 200 - 24 10 )	W5 .		6.2 NAM	E		· .	
NAME STREET ADDRESS	544 - 60064 30 / 1211 /	. VS			E ET ADDRESS		• .	

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.

**SIGNATURE** 

TURE AND TYPED OR PRINTED NAME OF MIGNING OFFICER OR DIRECTOR

1-9-99 Date 359-1100 Daytime Phone # 2E034 (11/98)

CR2E034