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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90109 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000085684**

1. Corporation Name
FLAMINGO PROPERTIES, INC.

Principal Place of Business
**301 N FERNCREEK AVE
 ORLANDO FL 32803**

Mailing Address
**301 N FERNCREEK AVE
 ORLANDO FL 32803**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/14/1996

4. FEI Number
59-3415371 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 SUNRIDGE WOODS BLVD
 Suite, Apt. #, etc. **22 722**
 City & State **23 DAVENPORT, FLORIDA.**
 Zip **24 FL 33837** Country **25 U.S.A.**

2a. Mailing Address
26 SUNRIDGE WOODS BLVD
 Suite, Apt. #, etc. **27 722**
 City & State **28 DAVENPORT, FLORIDA**
 Zip **29 33837** Country **30 U.S.A.**

9. Name and Address of Current Registered Agent
**MCLARRY, GEORGE C
 301 N FERNCREEK AVE
 ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida 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 Florida. 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) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	WARD, IAN F
STREET ADDRESS	26 HOLLY DRIVE
CITY-ST-ZIP	CHINGFORD,LONDON E47NG ENG
TITLE	D <input type="checkbox"/> DELETE
NAME	WARD, SUSAN A
STREET ADDRESS	26 HOLLY DRIVE
CITY-ST-ZIP	CHINGFORD,LONDON E47NG ENG
TITLE	D <input type="checkbox"/> DELETE
NAME	HAWKINS, CHRISTINE J
STREET ADDRESS	26 HOLLY DRIVE
CITY-ST-ZIP	CHINGFORD,LONDON E47NG ENG
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: _____ **SIGNATURE REQUIRED** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (11/98)