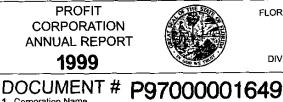
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

May 07, 1999 8:00 am Secretary of State

05-07-1999 90067 042 ***150.00

FOREST COVE AT SA	ANFORD FARMS, INC.							
Principal Place of Business	Mailing Address					. I statumen blå rætti dætti gætti gætti gætti gæ	ist desmi itälä ailit	WINTE 1811 (SE)
235 MAITLAND AVENUE SOUTH 235 MAITLAND AVENUE SOUTH								
SUITE 216 SUITE 216						- DO NOT WRITE IN T	HS SPACE	
MAITLAND FL 32751 MAITLAND FL 32751						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
						12/31/1996		}
2. Driveing Diese of Business	2a. Mailing Address					4. FEI Number		plied For
						59-3422882	⊢+	ot Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	
22						5. Certifcate of Status Desired	Fee Re	equired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23 28						Trust Fund Contribution		to Fees
	Country Zip	Cou	intry			8. This corporation owes the current year	Intangible	
24 25	29	30				Personal Property Tax.	Yes	I ENo
9. Name and	Address of Current Registered Agent					10. Name and Address of New Register	ed Agent	
WALKER, BERRY J JR 235 MAITLAND AVENUE SOUTH			81	Name				
			82	Street	Addre	ddress (P.O. Box Number is Not Acceptable)		
			\Box					
SUITE 216			83					
MAITLAND FL 3275) 1		84	City			85 Zip	Code
							L	
office or registered agent, of agent. I am familia with, a	of Sections 607.0502 and 607.1508, Florida Si or both, in the State of Florida, Such change with accept the obligations of, Section 607.0505.	as authorize , Florida Stat , KEK	utes.	the corp.	oratioi	ration submits this statement for the purpose is board of directors. I hereby accept the ap	pointment as re	egistered
Signature, typed or prir	of the of registered agent and title if applicable. (I	13.	Ayen	(signatora)	- GOURGO	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE PD	DELETE		TLE				Change	☐ Addition
NAME WALKER, BERRY J JR			1.2 NAME					
STREET ADDRESS 235 MAITLAND AVENUE SOUTH #216			1.3 STREET ADDRESS					1
CITY-ST-ZIP MAITLAND FL			ITY-S1		Ì			
TITLE	DELETE 2						Change	☐ Addition
NAME			2.2 NAME					
STREET ADDRESS		2.3 5	2.3 STREET ADDRESS					
CITY-ST-ZIP		2.40	XTY-S	T-ZIP				
			3.1 TITLE				Change	☐ Addition
NAME		32 N	AME					
STREET ADDRESS		3.3 S	TREET	ADDRESS				ì
CITY-ST-ZIP		3.4. 0	ITY-S	T-ZIP	<u> </u>			
TITLE	☐ DELÉTI	E 4.1 T	ITLE	_	Ì		Change	Addition
NAME		4.21	IAME		{			}
STREET ADDRESS		4.3 S	TREET	ADDRESS				
CITY-ST-ZIP		4.4 0	ITY-S	T-ZIP				
TITLE			5.1 TITLE				☐ Change	☐ Addition
NAME		5.2 N			}]
STREET ADDRESS				ADDRESS	ļ			}
CITY-ST-ZIP			TY-S	T-ZIP	<u> </u>			
TITLE	☐ DELET						☐ Change	☐ Addition
NAME			IAME					
STREET ADORESS				T ADDRESS	1			Ì
		6.4 0	ITY-S	T-ZIP	1			ì

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: