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 # P9700006393

1. Corporation Name

SM-CALUSA PALMS, INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90062 021 ***150.00



ł					ARRIG RANGE RIGER BUILD AUGUS ING HOSE	
Principal Place	e of Business	Mailing Address		f SANCIDAR LIN LAGIS CANIL ANDIRA ROSSE NATURAL	füsti dessa diseb siste sütba sist lebi	
35T-8TH-AVENUE WEST						
BRADENTON FL 24205 - BRADENTON FL 24205						
	_			DO NOT WRITE IN T	HIS SPACE	
,				3. Date Incorporated or Qualifed	į.	
				01/20/1997		
	lace of Business	2a. Mailing Address	Ok	4. FEI Number	Applied For	
	TOWN CENTER YKWY		TEK PKU	65-0727898	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	>	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 BRA	Demon 101.	28 DRADEN/Z	071, 177,	Trust Fund Contribution	Added to Fees	
21p -7(1-	Country コムフィ 25 化SA	Zip Zip	Country USA	8. This corporation owes the current year	r Intangible □Yes □No	
24 27 C	23 0	29 34702 30		Personal Property Tax.		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81. Name 1/2 04 (4 2 4 4 5						
GRA	US, KIMBERLY L	Kimpeny Li GR	AUS			
I 1871 S				ddress (P.O. Box Number is Not Acceptable)	<u> </u>	
351 6TH AVENUE WEST				2/ JOVN CENTER	May	
(DRAI	DENTON FL 34205		83	·		
			84 City	2 42 4 4 1	85 Zip Code	
" "BLADENTON FL " 34202						
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						
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regi	stered Agent signature rec			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE	DIP	Addition Addition	
NAME	NEWSOME, JOHN S		1.2 NAME	NEWSOME, JOHNS 9001 TOWN CONTERP	مواحايع	
STREET ADDRESS	35T 6TH AVENUE WEST	1	1.3 STREET ADDRESS	GOSI JENN CENTE		
CITY+ST-ZIP	BRADENTON-FL-34205		1.4 CITY-ST-ZIP	BRASSENTON, FI. 34Z	, 2	
TITLE	D	☐ DELETE	2.1 TITLE	0, 9, 5, T		
NAME	DOYLE, MICHAEL J		2.2 NAME	The Michael VI.		
STREET ADDRESS	351 6TH AVENUE WEST		2.3 STREET ADDRESS	へどりコー ヴォルカ じをカアモバレッシャ	39	
CITY-ST-ZIP	BRADENTON FL 34205		2. 4 CITY-ST-ZIP	BLADENTON, F1. 34	202	
TITLE		☐ DELETE	3.1 TITLE	45 AS	☐ Change ☐ Addition	
NAME			3.2 NAME	Berus Kimberly L.A.		
STREET ADDRESS			3.3 STREET ADDRESS	GRAUS Kimberly L. OKU	<i>y</i>	
CITY-ST-ZIP			3.4, CITY-ST-ZIP	Enadenton Fl. 340	2	
TITLE		☐ DELETE	4.1 TITLE	- 	☐ Change ☐ Addition	
NAME			4. 2 NAME		1	
STREET ADDRESS			4.3 STREET ADDRESS		Ì	
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE			5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS		ľ	5.3 STREET ADDRESS			
			5.4 CITY-ST-ZIP			
CITY-ST-ZIP			6.1 TITLE		☐ Change ☐ Addition	
			6.2 NAME			
NAME		1	6.3 STREET ADDRESS		ļ	
STREET ADDRESS			6.4 CITY-ST-ZIP			
CITY-ST-ZIP			0.4 OHT • 51 • ZIF		· · · · · · · · · · · · · · · · · · ·	

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*