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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

ALAGIA PROPERTIES P97000012303 (8)

FILED Apr 21 1998 8:00am Secretary of State

ALA	ria proper	111E3, ING.						
Principal	Place of Busines	SS	Mailing	Address				
150 MAG	NOLIA AVENUE		150 M	150 MAGNOLIA AVENUE				
	A BEACH FL 321	15-2491		DAYTONA BEACH FL 32115-2491				
							DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified 02/06/1997
2. Principal Place of Business			2a. Maii	2a. Mailing Address				4. FEI Number Applied For
21			26	26				Not Applicable
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22			27					Fee Required
City & State			<u></u>	City & State				6. Election Campaign Financing \$5.00 May Be
23			_ +	28				Trust Fund Contribution
Zip		Country Zip Coun		untry	,	8. This corporation owes or has paid the current year Intangible		
24		25	29		30	·		Personal Property Tax due June 30. Yes No
		and Address of Curre		Agent		B1	Nome	10. Name and Address of New Registered Agent
		HARTER SERVICES,	INC.			"	Name	
150 MAGNOLIA AVENUE				8			Street A	ddress (P.O. Box Number is Not Acceptable)
	DAYTONA BE	ACH FL 32115-2491						
						B3		
						84	City	85 Zip Code
								FL 18 25 COUR
11. Pursu	iant to the provis	sions of Sections 607.05 bent, or both, in the Stati	02 and 607.15 e of Elorida. Si	i08, Florida Stat ich chance was	utes, the a s authorize	above ad hy	e-named o the coro	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agen	t. I am f a miliar w	ith, and accept the oblig	gations of, Sec	tion 607.0505, I	Florida Sta	itules	5.	orallori di board or all'estere. Tribiody accopt the appointment as registered
SIGNATU	RE							
	Signature, type	f or printed name of registered ag		·			ent signature r	oquired when reinstating) DATE
12.	D	OFFICERS AN	ND DIRECTOR	DELETE	13. 1.1 T			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
	-	THOMAS S		☐ better				D/P Addition
NAME	450 444	GNOLIA AVENUE				IAME		
STREET ADDR			-0401				ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32115-7		-2491	DELETE 2.1 TITLE			51 - ZIP	> / 1/ D
		CALLEN				2.1 HILE 2.2 NAME		D/VP MChange L Addition
NAME	WATTS, C. ALLEN ADDRESS 150 MAGNOLIA AVENUE							<u>.</u>
DAVIONA DEACH EL 2014E			.9401				ADDRESS	
CITY-ST-ZIP	D	IN DENOTITE SETTS	-2491	DELETE	_		ST-ZIP	D / v O / S / M Change □ Addition
TITLE	MERRELL, ROBERTEN A III				:TE 3.1 TITLE 3.2 NAM			D/vP/S (Change L) Addition
NAME	460 148	GNOLIA AVENUE					1000000	
STREET ADDR	DAVIO	NA BEACH FL 32115	.9401				ADDRESS	
CITY-ST-ZIP	שוואט	IN DENVIT FE 32113	-270 I	DELETE	3.4. (4.1 T		ST-ZIP	Change Addition
TITLE				L PALLET				Li Ollingo Li Aguillo Li
NAME					4	NAME	ADDRESS	
STREET ADDR	1				4.3 S	IKEE	ADDRESS	
CITY-ST-ZIP								
I IIILE				DELETE		HTY-S	it - ZiP	Chance 1 Addition
	<u> </u>			☐ DELETE	5.1 1	ITLE	iT - ZiP	Change Addition
NAME				DELETE	5.1 T 5.2 N	ITLE IAME		Change Addition
name Street addr	ESS			☐ DELETE	5.1 T 5.2 M 5.3 S	ITLE IAME ITREET	ADDRESS	Change Addition
NAME STREET ADDR CITY-ST-ZIP	ESS				5.1 T 5.2 M 5.3 S 5.4 C	ITLE IAME STREET CITY - S	ADDRESS	104/21
NAME STREET ADDR CITY-ST-ZIP TITLE	ESS			DELETE	5.1 T 5.2 M 5.3 S 5.4 C 6.1 T	HTLE HAME STREET CITY - S	ADDRESS	5000024958 4 4 5 Addition
NAME STREET ADDR CITY-ST-ZIP TITLE NAME	ESS				5.1 T 5.2 M 5.3 S 5.4 C 6.1 T 6.2 M	HTLE HAME HTREET HTLE HAME	ADORESS 11 - ZIP	5000024958 1 Giange Addition -04/22/9801008022
NAME STREET ADDR CITY-ST-ZIP TITLE	ESS				5.1 T 5.2 M 5.3 S 5.4 C 6.1 T 6.2 M 6.3 S	HTLE HAME HTREET HTLE HAME	ADORESS it-zip Adoress	5000024958 4 4 5 Addition

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 angual 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 truefec 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 in an attach ner with an address.