Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90084 002 ***150.00

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 # P97000012303

ALAFIA PROPERTIES, INC.

Principal Place	of Business	Mailing Address			A CONTINUE THE COLOR LEGIS AND	
150 MAGNOLIA	AVENUE	150 MAGNOLIA AVENUE				
	CH FL 32115-2491	DAYTONA BEACH FL 32115-2491			DO NOT WRITE IN THIS SPACE	
}					3. Date incorporated or Qualifed	
					02/06/1997	
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 59-3505327 Applied For	
21		26			APPLIED FOR Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc					5. Certificate of Status Desired \$8.75 Additional	
22		27	<u></u>		5. Certificate of Status Desired Fee Required	
City & State City &		City & State	ty & State		6. Election Campaign Financing \$5.00 May Be	
23		28	<u> </u>		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intangible Personal Property Tax.	
24	25		30		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent 10. Name and Address of New Regist						
PALMETTO CHARTER SERVICES INC					(DOD Note in Not Associated in Note in	
150 MAGNOLIA AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)		
DAYTONA BEACH FL 32115-2491						
ļ				200	85 Zip Code	
			84	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above				e-named	d corporation submits this statement for the purpose of changing its registered	
11. Pursuant to the provisions of Sections of 1.002 and 007.1003, Florida Statutes, the abovernance 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.						
, -	Triannian with, and accept the congent					
SIGNATURE	Signature, typed or printed name of registered agent a		_	nt signature r	e required when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE			
NAME	IANI, IIIOMAO O		1.2 NAME			
STREET ADDRESS	100 WATCH OLD TATE			T ADDRESS	S	
CITY-ST-ZIP	DAYTONA BEACH FL 32115-249	DELETE	1.4 CITY-S	T-ZIP	Change Addition	
TITLE	DVP		2.1 TITLE			
NAME	WATTS, C. ALLEN		2.2 NAME	DODECO		
STREET ADDRESS	100 MACAITOEIN AVERTOE			T ADDRESS	5	
CITY-ST-ZIP	DAYTONA BEACH FL 32115-249	DELETE	2. 4 CITY-1	51-ZIP	☐ Change ☐ Addition	
NAME :	DVPS MERRELL, ROBERTEN A III	C. Becere	3.2 NAME		Robert A. Merrell, III	
STREET ADDRESS	150 MAGNOLIA AVENUE		1	T ADORESS	·	
CITY-ST-ZIP	DAYTONA BEACH FL 32115-249	11	3.4. CITY-			
TITLE	DATIONA BEAUTITE OF 10-548	☐ DELETE	4.1 TITLE	<u> </u>	☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS	s	
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	TADDRESS	s!	

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 only a attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

☐ Addition