PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000029083

1. Corporation Name

P.R. COMPLETE LUXURY PROPERTY SERVICES, INC.

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90205 030 ***150.00

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Principat Place	of Business	Mailing Address				1 100+100+ 110 10111 10011 00111 00111		
4584 CHERRY ROAD		4584 CHERRY ROAD		Ì				
W. PALM BEACH FL 33417		W. PALM BEACH FL 33417		ļ	DO NOT WRITE IN T	NO DDACE		
1					-	DO NOT WRITE IN THE 3. Date Incorporated or Qualified	IIS SPACE	
						03/28/1997		
0.00		2a. Mailing Address				4. FEI Number		plied For
	lace of Business	26 11420 FORT	TIME	60	اے یہ	65-0755812		Applicable.
Suite, Apt.	FORTUNE GIRCLE	Suite, Apt. #, etc.	DIV	.6-1.1			\$8.75	
22 ST		27 STE I-	-23			5. Certifcate of Status Desired	Fee Re	
City, & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23 WELL	NETON FL	28 WELLINGTON,	FL		ļ	Trust Fund Contribution	Added	
Zip	Country	Zip	Country			8. This corporation owes the current year	Intangible	,
24 334	14 [25]	29 33414 30]			Personal Property Tax.	Yes	□No
=11. = -	9. Name and Address of Current	_ 				10. Name and Address of New Register	ed Agent	
			81	Name				
	OWN, WILLIAM W	,	82	Street	Addres	s (P.O. Box Number is Not Acceptable)		
4584 CHERRY ROAD								
W. F	PALM BEACH FL 33417		83					
	•		84	City			85 Zip	Code .
		•		,		•	L	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was autho	orized by	the corpo	corpora oration	ation submits this statement for the purpose s board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered
SIGNATURE		•						
SIGNATURE		NOTE O		t -:	and in	DATE DISCHARGE THE PARTY OF THE		—— ì
	Signature, typed or printed name of registered agent			t signature n	equired w	hen reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
12.	OFFICERS AND		13.	it signature n	equired w	hen reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
12.	OFFICERS AND	DIRECTORS		t signature n		ADDITIONS/CHANGES TO OFFICERS	Change	☐ Addition
12. TITLE NAME	OFFICERS AND D MCCOWN, WILLIAM W	D DIRECTORS	13. 1.1 TITLE 12 NAME	-			Change	
12. TITLE NAME STREET ADDRESS	OFFICERS AND D MCCOWN, WILLIAM W 4584 CHERRY ROAD	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS		ADDITIONS/CHANGES TO OFFICERS	Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D MCCOWN, WILLIAM W 4584 CHERRY ROAD W. PALM BEACH FL 33417	D DIRECTORS	13. 1.1 TITLE 12 NAME	ADDRESS		ADDITIONS/CHANGES TO OFFICERS	Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MCCOWN, WILLIAM W 4584 CHERRY ROAD W. PALM BEACH FL 33417	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	ADDRESS	114. WE	ADDITIONS/CHANGES TO OFFICERS 20 FORTUNE CIRCLE WINGTON, FL 33414	Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MCCOWN, WILLIAM W 4584 CHERRY ROAD W. PALM BEACH FL 33417 D MCCOWN, PATRICIA S	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	TADDRESS	114. WE	ADDITIONS/CHANGES TO OFFICERS 20 FORTUNE CIRCLE WINGTON, FL 33414	Change	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	D MCCOWN, WILLIAM W 4584 CHERRY ROAD W. PALM BEACH FL 33417 D MCCOWN, PATRICIA S 4584 CHERRY ROAD W. PALM BEACH FL 33417	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 4.4 CITY-S	ADDRESS T-ZIP ADDRESS T-ZIP TADDRESS T-ZIP	114. WE	ADDITIONS/CHANGES TO OFFICERS 20 FORTUNE CIRCLE WINGTON, FL 33414 HZO FORTUNE CIRCLE	Change Change	☐ Addition ☐ Addition ☐ T-Z3 ☐ Addition ☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MCCOWN, WILLIAM W 4584 CHERRY ROAD W. PALM BEACH FL 33417 D MCCOWN, PATRICIA S 4584 CHERRY ROAD W. PALM BEACH FL 33417	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 5.1 TITLE 5.1 TITLE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	114. WE	ADDITIONS/CHANGES TO OFFICERS 20 FORTUNE CIRCLE WINGTON, FL 33414 HZO FORTUNE CIRCLE SLUNGTON, FL 3341	Change Change	☐ Addition ☐ Addition ☐ T-Z3 ☐ Addition ☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MCCOWN, WILLIAM W 4584 CHERRY ROAD W. PALM BEACH FL 33417 D MCCOWN, PATRICIA S 4584 CHERRY ROAD W. PALM BEACH FL 33417	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME	ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	114. WE	ADDITIONS/CHANGES TO OFFICERS 20 FORTUNE CIRCLE WINGTON, FL 33414 HZO FORTUNE CIRCLE SLUNGTON, FL 3341	Change Change	☐ Addition ☐ Addition ☐ T-Z3 ☐ Addition ☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MCCOWN, WILLIAM W 4584 CHERRY ROAD W. PALM BEACH FL 33417 D MCCOWN, PATRICIA S 4584 CHERRY ROAD W. PALM BEACH FL 33417	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 STREET 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	114. WE	ADDITIONS/CHANGES TO OFFICERS 20 FORTUNE CIRCLE WINGTON, FL 33414 HZO FORTUNE CIRCLE SLUNGTON, FL 3341	Change Change	☐ Addition ☐ Addition ☐ T-Z3 ☐ Addition ☐ Addition ☐ Addition
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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, often an attachment with an address, with all other like empowered.

SIGNATURE: