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Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90074 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

i. Corporation	MENT # P97000 NALK REAL ESTATE, INC.	042324					
					AND A HUR COURT CORNER BROKE DOLLER BO	IGA BRAN BABIB ARBAD NINB	ELDII CARE IOUH
Principal Place		Mailing Address		1			
4411 BEE RIDG	E	2424 CLUBHOUSE CIR					
SUITE 588 SARASOTA FL	24222	UNIT 102 Sarasota FL 34233			DO NOT WRITE II	N THIS SPACE	
SANASUIA FL	34233	US		3. Date Inc	orporated or Qualifed	·	
				05/09/	•		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Num	ber	Ap	plied For
21		26		65-075	5634	_ No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Certificate	of Status Desired	, \$8.75 <i>i</i>	
22		27		J. Certificati		Fee Re	equired
City & State	е	City & State			Campaign Financing	\$5.00	
23		28			nd Contribution	Added	to Fees
Zip	Country	L Zip ⊢	Country		oration owes the current y		Пи-
24	25		30		Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent	81 Name		nd Address of New Regis	1/a	
VOIG	ST, STEPHEN F		OI Name	BRIG	GS CHIC	<u> (KO L.C.</u>	·
2414 BEE RIDGE ROAD		82 Street Add	ress (P.O. Box N	lumber is Not Acceptable)	NEPD 7	#588	
SARASOTA FL 34233			83	441	I BEE KIL	NE P	<u>ی د</u>
0741	7.00 17.1 2 3 1233		65				
			84 City <	SARA	75 FA	FL 85 3	Code
					UIII		100
44 Durawant i	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above-named corr	poration submits	this statement for the purp	ose of changing its	registered
11. Pursuant office or re	te the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes of Florida. Such change was aut	s, the above-named corporate horized by the corporate	poration submits ion's board of dir	this statement for the purp ectors. I hereby accept the	oose of changing its e appointment as re	registered gistered
11. Pursuant office or re agent. Lar	te the provisions of Sections 607.050/ egister of agent, or both, in the State of m familia, with, and accept the obligat	2 and 607.1508, Florida Statutes of Florida. Such change was aut tions of, Section 607.0505 Florid LAGRESSOC BAL	s, the above-named corphorized by the corporation of the statutes	poration submits ion's board of dir 2,	this statement for the purp ectors. I hereby accept the	pose of changing its appointment as re	registered gistered
11. Pursuant office or re agent. I ar SIGNATURE	te the provisions of Sections 607.050/2 egistered agent, or both, in the State on tarrilla, with, and accept the obligat	1. DOES DENT	s, the above-named corporation to the corporation of the corporation o	ed when reinstating)	_ 	DATE .	
11. Pursuant office over agent. I ar SIGNATURE	Signature, typed or printed name of registered agen	1. DOES DENT		ed when reinstating)	this statement for the purplectors. I hereby accept the	DATE .	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: F	Registered Agent signature requir	ed when reinstating)	_ 	DATE .	
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE: F	Registered Agent signature require 13.	ed when reinstating)	_ 	ERS AND DIRECTO	DRS IN 12
12.	Signatule, typed or printed ame of registered agen OFFICERS AN PVTS	it and title if applicable. (NOTE: F) ID DIRECTORS DELETE	Registered Agent signature require 13.	ed when reinstating)	_ 	ERS AND DIRECTO	DRS IN 12
12. TITLE NAME STREET ADDRESS	Signatule, typed or printed ame of registered agen OFFICERS AN PVTS BRIGGSCARROLL, IRA GREENI	it and title if applicable. (NOTE: F) ID DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ed when reinstating)	_ 	ERS AND DIRECTO	DRS IN 12
12. TITLE NAME	Signatule, typed or printedalme of registered agen OFFICERS AN PVTS BRIGGSCARROLL, IRA GREENI 2424 CLUBHOUSE CIR, UNIT 1	it and title if applicable. (NOTE: F) ID DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating)	_ 	ERS AND DIRECTO	DRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signatule, typed or printedalme of registered agen OFFICERS AN PVTS BRIGGSCARROLL, IRA GREENI 2424 CLUBHOUSE CIR, UNIT 1	To provide if applicable. (NOTE: F) ID DIRECTORS DELETE 102	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating)	_ 	ERS AND DIRECTO	DRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signatule, typed or printedalme of registered agen OFFICERS AN PVTS BRIGGSCARROLL, IRA GREENI 2424 CLUBHOUSE CIR, UNIT 1	To provide if applicable. (NOTE: F) ID DIRECTORS DELETE 102	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ed when reinstating)	_ 	ERS AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signatule, typed or printedalme of registered agen OFFICERS AN PVTS BRIGGSCARROLL, IRA GREENI 2424 CLUBHOUSE CIR, UNIT 1	To provide if applicable. (NOTE: F) ID DIRECTORS DELETE 102	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ed when reinstating)	_ 	ERS AND DIRECTO	DRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signatule, typed or printedalme of registered agen OFFICERS AN PVTS BRIGGSCARROLL, IRA GREENI 2424 CLUBHOUSE CIR, UNIT 1	To provide if applicable. (NOTE: F) ID DIRECTORS DELETE 102	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ed when reinstating)	_ 	ERS AND DIRECTO	DRS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signatule, typed or printedalme of registered agen OFFICERS AN PVTS BRIGGSCARROLL, IRA GREENI 2424 CLUBHOUSE CIR, UNIT 1	To and title if applicable (NOTE: F	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ed when reinstating)	_ 	ERS AND DIRECTO	DRS IN 12 Addition
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CITY-ST-ZIP 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 suppliemental 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 attachnier with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS