


FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90175 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000044821					
1. Corporation Name AMERICA REAL PROPERTIES CORPORATION					
Principal Place of Business 1001 RIVERSIDE DRIVE. E SUITE 250 PALMETTO FL 34221			Mailing Address 1001 RIVERSIDE DRIVE. E SUITE 250 PALMETTO FL 34221		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 SUITE 200 23 City & State 24 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 SUITE 200 28 City & State 29 Zip Country		3. Date incorporated or Qualified 05/20/1997 4. FEI Number 65-0771952 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing - <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent VOGLER, EDWARD II 802 11TH STREET WEST BRADENTON FL 34205			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PST <input checked="" type="checkbox"/> DELETE				
NAME	COUCH, DEL				
STREET ADDRESS	1001 RIVERSIDE DR, STE 200				
CITY-ST-ZIP	PALMETTO FL 34221				
TITLE	D <input type="checkbox"/> DELETE				
NAME	ZIRKELBACH, ALAN				
STREET ADDRESS	1001 RIVERSIDE DR, STE 200				
CITY-ST-ZIP	PALMETTO FL 34221				
TITLE	D <input checked="" type="checkbox"/> DELETE				
NAME	VANDERNOORD, PETER				
STREET ADDRESS	1001 RIVERSIDE DR, STE 200				
CITY-ST-ZIP	PALMETTO FL 34221				
TITLE	D <input type="checkbox"/> DELETE				
NAME	VANDERNOORD, HARRY				
STREET ADDRESS	1001 RIVERSIDE DR, STE 200				
CITY-ST-ZIP	PALMETTO FL 34221				
TITLE	VP <input type="checkbox"/> DELETE				
NAME	GRAY GORDON LIGHT				
STREET ADDRESS	1001 Riverside Dr, Ste 200				
CITY-ST-ZIP	PALMETTO, FL 34221				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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 in an attachment with an address, and all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/99

Date

(941) 729-0009

Daytime Phone #

CR2E034 (1/798)