

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 # P97000045249

1. Corporation Name

METES AND BOUNDS, INC.

Principal Place of Business

5050 10TH AVE N
SUITE B
LAKE WORTH FL 33463

Mailing Address

5050 10TH AVE N
SUITE B
LAKE WORTH FL 33463

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90160 040 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1997

4. FEI Number

65-0755444

Applied For

Not Applicable

5. Certificate of Status Desired ☒ ~~Not Applicable~~

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 49 SW FLAGLER AVE

2a. Mailing Address

26 49 SW FLAGLER AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 2A

27 SUITE 2A

City & State

23 STUART, FL

City & State

28 STUART FL

Zip

24 34994

Country

Zip

29 34994

Country

30

9. Name and Address of Current Registered Agent

CHILLINGWORTH, CHARLES C
2090 PALM BEACH LAKES BLVD
SUITE 800
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name
JEANNE D CONWAY, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

580 VILLAGE BLVD.

83 SUITE 100

84 City WEST PALM BEACH, FL

85 Zip Code 33409

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

Jeane D Conway
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME FOTORNY, PAUL J P.L.S.
STREET ADDRESS 5050 10TH AVE N SUITE A
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE ☐ DELETE
NAME PSTD
MORALES, PEDRO B
STREET ADDRESS 2800 FARRAGUT LN
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition
1.2 NAME STEVE D. WILLIAMS, P.S.M.
1.3 STREET ADDRESS 49 SW FLAGLER AVE, SUITE 2A
1.4 CITY-ST-ZIP STUART, FL 34994

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 49 SW FLAGLER AVE SUITE 2A
2.4 CITY-ST-ZIP STUART FL 34994

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/99 (561) 221-9093
Date Daytime Phone #

CR2E034 (11/98)