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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90072 014 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000045701 (4)

1. Corporation Name

BRECK PROPERTIES, INC.

Principal Place of Business

Mailing Address

~~1280 DOLPHIN BAY WAY~~
~~SARASOTA, FL 34242~~

~~1280 DOLPHIN BAY WAY~~
~~SARASOTA, FL 34242~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1997

4. FEI Number

65-0756137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

21 280 HIDDEN BAY DRIVE

2a. Mailing Address

26 P.O. BOX 1286

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 OSPREY, FL

City & State

28 OSPREY, FL

Zip 34229

Country USA

Zip 34229

Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLSON, PAUL E.
1776 RINGLING BLVD.
SARASOTA, FL 34236

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P, S, T ☐ DELETE

NAME D'AGOSTINO, KENNETH E.

STREET ADDRESS ~~1280 DOLPHIN BAY WAY, UNIT 201~~

CITY-ST-ZIP ~~SARASOTA, FL 34242~~

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

280 HIDDEN BAY DRIVE
OSPREY, FL 34229

TITLE VP ☐ DELETE

NAME MORRIS, ROBERT A.

STREET ADDRESS ~~1280 DOLPHIN BAY WAY, UNIT 201~~

CITY-ST-ZIP ~~SARASOTA, FL 34242~~

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

280 HIDDEN BAY DRIVE
OSPREY, FL 34229

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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

KENNETH D. AGOSTINO

Date

Daytime Phone #

CR2E034 (11/98)