## 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 # P97000045910

FOUNTAINHEAD REALTY, INC.

Principal Place of Business
3272 RIVER VILLA WAY

Mailing Address

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90134 009 \*\*\*150.00



3272 RIVER VILLA WAY 3272 RIVER VII MELBOURNE BEACH FL 32951 MELBOURNE 8			VILLA WAY E BEACH FL 32951				
					DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE	
					05/23/1997		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number		Ap	plied For
21 26					59-3448469	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional ===
22		27			5. Certificate of Status Desired	Fee Re	equired
City & Stat	e	City & State			6. Election Campaign Financing	, .	May Be
23		28			Trust Fund Contribution	· Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year in		
24	25	<u> </u>	30		Personal Property Tax.	Yes	No
	9. Name and Address of Curre	nt Registered Agent	•		10. Name and Address of New Registered	Agent	
4145	TOU ALLOWED CLIADTEDED		81	Name			
	rilawyer Chartered Almeria Avenue		82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
	VAL GABLES FL 33134		83				
COF	IAE GADLES I E 33 134		83				
1			84	City	FL	-     '	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abov	-named corp	poration submits this statement for the purpose of	f changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au ations of. Section 607.0505. Flori	itnorized by ida Statutes	tne corporation	on's board of directors. I hereby accept the appo	munem as re	gistered
							1
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Agei	nt signature require	ed when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PSTD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	DONOVAN, DIANE		1.2 NAME				
STREET ADDRESS	0000 PH FF 1811 4 14/11/			FADORESS			
CITY-ST-ZIP	MELBOURNE BEACH FL 3295	51	1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS		· •	2.3 STREE	ADDRESS	$(\mathbf{x}_{i}) = (\mathbf{x}_{i}) + ($		
CITY-ST-ZIP			2. 4 CITY-5	IT-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	-		3.2 NAME				
STREET ADDRESS			1	ADDRESS			}
CITY-ST-ZIP			3.4. CITY-5				j
TITLE		☐ DELETE	4.1 TITLE	.,		☐ Change	☐ Addition
NAME			4.2 NAME				ļ
STREET ADDRESS				T ADDRESS			ļ
CITY-ST-ZIP			4.4 CITY-S				}
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME			·	
STREET ADDRESS			5.3 STREE	T ADDRESS			}
			5.4 CITY-S	T-ZIP		-	Ì
CITY-ST-ZIP TITLE	41 - 10 th A	☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME 3	B Carlot Sylve			- 1			- {
			6.2 NAME				Į.
				T ADDRESS		3	,
STREET ADDRESS CITY-ST-ZIP				T ADDRESS		7	,

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.

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