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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000052694

1. Corporation Name

LONG PROPERTY MANAGEMENT, INC.

Principal Place of Business

**8033 FISHER ISLAND DR
FISHER ISLAND
MIAMI FL 33109
US**

Mailing Address

**C/O SPEER & FULWID, LLP
40 E 42ND ST, STE 1313
NEW YORK, NY 10165
USA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1997

4. FEI Number

65-0773074

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

2a. Mailing Address

21 GREEN PLAINS FARM

26 Suite, Apt. #, etc.

22 BOX 97, ROUTE 620

27 Suite, Apt. #, etc.

23 NORTH, VA

28 City & State

24 23128 25 US

29 Zip 30 Country

9. Name and Address of Current Registered Agent

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

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 **DPT** ☒ DELETE

NAME **LONG, AUGUSTUS C.**

STREET ADDRESS **8033 FISHER ISLAND DR**

CITY-ST-ZIP **MIAMI FL 33109**

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition

1.2 NAME **DOROTHY SARA LONG**

1.3 STREET ADDRESS **146 W. 57TH STREET, #76D**

1.4 CITY-ST-ZIP **NEW YORK, NEW YORK 10019**

TITLE **DVS** ☒ DELETE

NAME **LONG, DOROTHY S.**

STREET ADDRESS **8033 FISHER ISLAND DR**

CITY-ST-ZIP **MIAMI FL 33109**

2.1 TITLE **CHAIRMAN OF THE BOARD** ☐ Change ☒ Addition

2.2 NAME **AUGUSTUS C. LONG**

2.3 STREET ADDRESS **BOX 97, ROUTE 620**

2.4 CITY-ST-ZIP **NORTH, VA 23128**

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

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: **X Susan E. Velez, CPA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (V) SUE V. CPA

Date **4/30/99** Daytime Phone #