

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90167 050 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000069585

1. Corporation Name

KNIGHTSBRIDGE PARK REALTY INC.

Principal Place of Business

7786 INDIAN RIDGE TRAIL SOUTH  
KISSIMMEE FL 34747  
US

Mailing Address

P O BOX 470126  
CELEBRATION FL 34767  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1997

4. FEI Number

APPLIED FOR 59-3527250

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 7860 WEST IRLO BRONSON  
HIGHWAY

22 City & State  
KISSIMMEE FLORIDA

23 Zip 34747 Country U.S.A.

2a. Mailing Address

26 7860 WEST IRLO BRONSON  
HIGHWAY

27 City & State  
KISSIMMEE, FLORIDA

28 Zip 34747 Country U.S.A.

9. Name and Address of Current Registered Agent

WILKES, BRIAN  
7786 INDIAN RIDGE TRAIL SOUTH  
KISSIMMEE FL 34747

10. Name and Address of New Registered Agent

81 Name

WILKES, BRIAN

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

83

7860 WEST IRLO BRONSON HIGHWAY

84 City

KISSIMMEE

FL

85 Zip Code

34747

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, of 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

APRIL 28, 1999

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WILKES, BRIAN  
STREET ADDRESS 7786 INDIAN RIDGE TRAIL SOUTH  
CITY-ST-ZIP KISSIMMEE FL 34747

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PRESIDENT, DIRECTOR  
BRIAN WILKES  
7860 WEST IRLO BRONSON HIGHWAY  
KISSIMMEE, FLORIDA 34747

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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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

APRIL 28 1999 407.397.0440

Date

Daytime Phone #

CR2E034 (1/198)