## 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 # P97000070393

1. Corporation Name

GATOR PROPERTIES, INC.

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90019 029 \*\*\*150.00



							<b>370 0</b> 1111 1001
Principal Place	e of Business	Mailing Address		•			
6900 YUMURI STREET 6900 YUMURI STREET							
CORAL GABLES FL 33143 CORAL GABLES FL 33143			143		DO NOT WRITE IN THIS SPACE		
						IN THIS SPACE	
					3. Date Incorporated or Qualifed		J
					08/14/1997		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		ied For
21		26			65-0775306		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	_ \$8.75 Ad	-
22				میں صوح ہے۔		Fee Requ	uired
City & State	e	City & State			6. Election Campaign Financing	– <sub>7</sub> \$5.00 м	lay Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip 22111	Cou	ntry	8. This corporation owes the current		_
24	25	29 2014V	30		Personal Property Tax.		□No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	istered Agent	
				81 Name			
WAD	DELL, PAUL N			82 Street Add	iress (P.O. Box Number is Not Acceptable	<u> </u>	
6900 YUMURI STREET				Sileet Aud	areas (1 .O. Dox Humber to Not Acceptable	٠,	
COR	AL GABLES FL 33143			83		<u> </u>	
						<del></del>	
				84 City		FL 85 Zip Co	ode
	A. the providing of Continue 607.01	E00 and 607 4500 Florida Si	latutac tha a	novo namod cor	poration submits this statement for the pu	1	egistered
office or re	egistered agent, or both, in the Stat	te of Florida. Such change w	as authorized	by the corporat	ion's board of directors. I hereby accept t	he appointment as regi	stered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505	, Florida Stat	utes.	•		
SIGNATURE							I
	Signature, typed or printed name of registered a			Agent signature requir		DATE DIDECTOR	C IN 42
12.	OFFICERS A	AND DIRECTORS	13.		ed when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	
	OFFICERS A		13.	'LE			S IN 12
12.	OFFICERS A  WADDELL, PAUL N	AND DIRECTORS	13.	'LE		ERS AND DIRECTOR	
12. TITLE	OFFICERS A	AND DIRECTORS	13. 1.1 TI 1.2 N	'LE		ERS AND DIRECTOR	
12. TITLE NAME	OFFICERS A  WADDELL, PAUL N	AND DIRECTORS	13. 1.1 TI 1.2 No 1.3 S1	LE ME		CERS AND DIRECTOR	Addition
12. TITLE NAME STREET ADDRESS	D WADDELL, PAUL N 6900 YUMURI STREET	AND DIRECTORS	13. 1.1 TI 1.2 N 1.3 ST	LE ME REET ADDRESS IY-ST-ZIP		ERS AND DIRECTOR	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D WADDELL, PAUL N 6900 YUMURI STREET	AND DIRECTORS  DELETI	13. 1.1 TI 1.2 N 1.3 ST	TLE ME REET ADDRESS IY-ST-ZIP		CERS AND DIRECTOR	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D WADDELL, PAUL N 6900 YUMURI STREET	AND DIRECTORS  DELETI	13. E 1.1 Ti' 1.2 N/ 1.3 ST 1.4 Ci E 2.1 Ti 2.2 N/	TLE ME REET ADDRESS IY-ST-ZIP		CERS AND DIRECTOR	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D WADDELL, PAUL N 6900 YUMURI STREET	AND DIRECTORS  DELETI	13. E 1.1 TI 1.2 NV 1.3 S1 1.4 CI E 2.1 TI 2.2 NV 2.3 S1	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADORESS		CERS AND DIRECTOR	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADDELL, PAUL N 6900 YUMURI STREET	AND DIRECTORS  DELETI	13. 1.1 Ti 1.2 Ni 1.3 St 1.4 Cl 2.1 Ti 2.2 Ni 2.3 St 2.4 C	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP-		CERS AND DIRECTOR	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D WADDELL, PAUL N 6900 YUMURI STREET	DELETI	13. E 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci E 2.1 Ti 2.2 Ni 2.3 Si 2.4 Ci E 3.1 Ti 3.2 Ni 3.3 Si	TLE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  ME  REET ADDRESS		CERS AND DIRECTOR  Change	Addition
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	D WADDELL, PAUL N 6900 YUMURI STREET	DELETI	13. E 1.1 TI 1.2 NV 1.3 ST 1.4 CI E 2.1 TI 2.2 NV 2.3 ST 2.4 C E 3.1 TI 3.2 NV 3.3 ST 3.4 C E 4.1 TI 4.2 N 4.3 ST 4.4 CI	LE  ME REET ADDRESS IY-ST-ZIP  LE  ME REET ADDRESS IY-ST-ZIP  LE  ME REET ADDRESS IY-ST-ZIP  LE  AME REET ADDRESS IY-ST-ZIP		CERS AND DIRECTOR  Change  Change	Addition Addition Addition
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D WADDELL, PAUL N 6900 YUMURI STREET	DELETI	13. E 1.1 TI 1.2 NV 1.3 ST 1.4 CI E 2.1 TI 2.2 NV 2.3 ST 2.4 C E 3.1 TI 3.2 NV 3.3 ST 3.4 C E 4.1 TI 4.2 N 4.3 ST 4.4 CI	TLE  ME REET ADDRESS IY-ST-ZIP  LE  ME REET ADORESS IY-ST-ZIP  LE  ME REET ADDRESS IY-ST-ZIP  LE  AME REET ADDRESS IY-ST-ZIP  LE  AME REET ADDRESS IY-ST-ZIP		CERS AND DIRECTOR  Change  Change	Addition Addition Addition
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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 suppliemental 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 of 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 or an attachment with an appears with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

305-661-0202