FILED

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90061 022 ***150.00

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

i. Corporation	MENT # P97000 T REALTY, INC.	071332								
Principal Place	of Business	Mailing Address				1	s indicated site (distribution of party gard).	1811 181111 181	1811 888 11 188	1111 5 1151 1551
1605 MAIN ST 1605 MAIN ST Suite 912 Suite 912										
SUITE 912 SUITE 912 SARASOTA FL 34236 SARASOTA FL 34236							DO NOT WRITE	IN THIS S	PACE	
SATINGUIATE	V*E00	oranio orani				3.	Date Incorporated or Qualifed 08/18/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Number		Apı	olied For	
21		26			ì	NOT APPLICABLE			Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			+-			\$8.75 A	dditional	
22	m,	27			5.	Certifcate of Status Desired	J	Fee Re		
City & State	9		City & State			+-	Election Campaign Financing		\$5.00	May Po
	G	⊢ ¬ ′			0.	Trust Fund Contribution		Added to		
Zip	Country	Zip				+-		voor Intor		
└		<u> </u>	_	٠,		8.	This corporation owes the current Personal Property Tax.			□No
24	25		30			40	. Name and Address of New Reg			<u> </u>
	9. Name and Address of Current	Registered Agent	8	1	Name	10.	. Italile allo Address of New Net	istered A	Bour	
SCO	VILL, H. WILLIAM		ľ	ļ						
				2	Street Addre	ess (F	P.O. Box Number is Not Acceptable	e)		
1605 MAIN ST				\perp				····	_	
SUITE 912				3						
SARASOTA FL 34236				4	Cit.				85 Zip C	ode.
				*	City			FŁ	53 210 C	,006
l office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	of Florida, Such change was au ions of, Section 607.0505, Flori	thorized b da Statute	y tn ∋s.	ne corporatio	on's D	oard of directors. I hereby accept t	пе арропц	hanging its ment as reg	registered gistered
	Signature, typed or printed name of registered agent			ent s	signature required			DATE		00.01.40
12.	OFFICERS AND		13.		1	<u> </u>	ADDITIONS/CHANGES TO OFFIC			
TITLE	D DELETE		1,1 TITLE	1,1 TITLE					Change	☐ Addition
NAME	FORD, JAMES M		1.2 NAME	1.2 NAME						
STREET ADDRESS	5762 STONE POINTE DR		1,3 STREET ADDRESS							
CITY-ST-ZIP	SARASOTA FL 34233		1.4 CITY-ST-ZIP		Z!P					
TITLE			2.1 TITLE	2.1 TITLE					Change	☐ Addition
NAME	T		2.2 NAME	2.2 NAME						
[2.3 STREET ADDRESS			-			we
STREET ADDRESS	C			2.4 CITY-ST-ZIP						
CITY-ST-ZIP	3ANA301A 1 E 34241	☐ DELETE	3.1 TITLE		ZIF				☐ Change	☐ Addition
TITLE			1							
NAME			3.2 NAME							
STREET ADDRESS			3.3 STRE	ETA	DORESS					
CITY-ST-ZIP				3.4. CITY-ST-ZIP					=	5
TITLE		DELETE	4.1 TITLE						☐ Change	Addition Addition
NAME			4, 2 NAM	E						
STREET ADDRESS			4.3 STRE	ETA	DDRES\$					
CITY-ST-ZIP			4,4 CITY-	- ST- :	ZIP					
TITLE				5.1 TITLE					Change	Addition
1			5.2 NAME				,			
NAME			5.3 STRE		DORESS					
STREET ADDRESS										
CITY-ST-ZIP			5.4 CITY-		CIP"				Cha	[T] Addition
TITLE		☐ DELETE	6.1 TITLE		Į				Change	Addition
1 3143.00			67 NAME	F	ı					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1.15.19 ICER OR DIRECTOR

941-923-2311

CR2E034 (11/98)