

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

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90028 018 \*\*\*150.00

DOCUMENT # P97000073409

1. Corporation Name

FLORIDA ESTATE MANAGEMENT SERVICES, INC.

Principal Place of Business

1253 PINE SAGE CIRCLE  
WEST PALM BEACH FL 33409

Mailing Address

POST OFFICE BOX 220562  
WEST PALM BEACH FL 33422-0562

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1997

4. FEI Number

65-0776320

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 8045 Palm Gate Dr.

2a. Mailing Address

26 8045 Palm Gate Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Boynton Beach, FL

City & State

28 Boynton Beach, FL

Zip

24 33436

Country

Zip

29 33436

Country

30

9. Name and Address of Current Registered Agent

EVANS, L P

1253 PINE SAGE CIR  
WPB FL 33409

10. Name and Address of New Registered Agent

81 Name

EVANS, L. P

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

8045 Palm Gate Drive

83

84 City

Boynton Beach FL

85 Zip

33436

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

Loretta P. Evans

(NOTE: Registered Agent signature required when reinstating)

DATE

2-4-99

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE  
NAME EVANS, LORETTA P  
STREET ADDRESS 1253 PINE SAGE CIRCLE  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE VSD ☐ DELETE  
NAME EVANS, DANIEL J  
STREET ADDRESS 1253 PINE SAGE CIRCLE  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 8045 Palm Gate Dr.  
1.4 CITY-ST-ZIP Boynton Beach, FL 33436

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 8045 Palm Gate Dr.  
2.4 CITY-ST-ZIP Boynton Beach, FL 33436

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-99

561 735-0503

CR2E034 (11/98)

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