## 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 # P97000076886 1. Corpora ion Name

951 PROPERTIES, INC.

Princi	pal Place of	Business
13356	ROSE'NOOD	LANE

NAPLES FL 34119

Mailing Address

13356 ROSEWOOD LANE NAPLES FL 34119

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90154 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date ir corporated or Qualifed

00/06/1007

						00/20/					
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Nun			-	Applied For	
21		26				ARRE	<b>KD</b> x <b>FOB</b> x 59–349090	65 <u> </u>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			\$8.75 Additional Fee Recuired	
22 City & S:at		City & State				6. Flection	Campaign Financing		\$5.0	<b>0</b> May Be	
<b>─</b>		28				1	and Contribution			ed to Fees	
<b>23</b> ] Zip	Country	Zip	Co	untry			poration owes the current year	ar otan	gible		
<b>─</b> `	25	29	30				al Property Tax.		Yes	[]No	
24	9. Name and Address of Current	<del></del>	130	Т.			and Address of New Registe	red Ac	ent	5	
	9. Name and Address of Current	Registered Agent		81	Name	12. 114					
או יח	MOOS, JOSEPH E										
	56 ROSEWOOD LANE			82	Street Acc	ress (P.O. Box	Number is Not Acceptable)				
	LES FL 34119								_		
INAIF	LES FL 34119			83						,	
				84	City				85 Z	ip Code	
				07	City			FL	-		
office crr	to the provisions of $S\epsilon$ ctions 607.0502 egistered agent, or bo h, in the State of m familiar with, and accept the obligation	f Florida. Such change was ⊓	uthorize	a by i	tne corpora t	poration submits ion's board of ci	s this statement for the purpos rectors. I hereby accept the a	e of ch prointr	anging nent as	its registered registered	
SIGNATURE	Signature, typed or printed na ne of registered agent a	and title if applicable (NOT	Register	d Agen	t signature regi in	red when reinstating)	DAT	E			
12.	OFFICERS AND		13		r signature toqt u		NS/CHANGES TO OFFICER	S AND	DIREC	TOFIS IN 12	
	P	□ DELETE		TILE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110/0/1//		Chan		
TITLE	1 '	- Deceie		IAME						_	
NAME	D'JAMOOS, JOSEPH E										
STREET ADDRE 3S			135	TREET	ADDRESS						
CITY-ST-ZIP	NAPLES FL 34119		140	CITY-ST	r-ZIP						
TITLE	VP	☐ DELETE	211	ITLE					Chan	ge	
NAME	BATES, MARK		2.2	IAME							
STREET ADDRESS	533 TURTLE HATCH LANE		2.3	TREET	ADDRESS						
CITY-ST-ZIP	NAPLES FL 34103		2 4	CITY-S	T-ZIP						
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ DELETE	311	TTLE				[	Chanç	ge Addition	
NAME			321	IAME							
	ĺ		•		ADDRESS						
STREET ADDRESS					1						
CITY-ST-ZIP		☐ DELETE		CITY-S TITLE	1-212				☐ Chan	ge Addition	
TITLE		☐ DETE IE								3	
NAME				NAME							
STREET ADDRE 3S			4.3	STREET	ADDRESS						
CITY-ST-ZIP			44	CITY-SI	T-ZIP	<u>.                                    </u>					
TITLE		☐ DELETE	5.1	ITLE					Chan	ge 🗌 Addition	
NAME			52	NAME							
STREET ADDRESS			5.3	TREET	ADDRESS						
CITY-ST-ZIP			5.4	CITY-ST	T-ZIP						
TITLE		☐ DELETE	6.1	TILE					Chan	ge Addition	
NAME		_	6.2	AME							
					ADDRESS						
STREET ADORE 3S	il.										
CITY-ST-ZIP			6.4	CITY-ST	1-219	0 11 140 00	(2)(i) Clorido Statutos I furthe		11 - 4 41	in the second on	

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 or or national ment with an address, with all other like empowered.

JOSEPH E. D'JAMOOS, PRES.