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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000077343

1. Corporation Name

MAGUIRE APARTMENT VENTURE, INC.

Principal Place	of Business	Mailing Address						
12202 PARK AVE		12202 PARK AVE.			1			
WINDERMERE FL	34786	WINDERMERE FL 34786			DO NOT WE	RITE IN THIS SPACE		
THIOCH WELLE					3. Date Incorporated or Qualife	d		
								1
		_			09/08/1997	 -	Applie	d For
2. Principal Pla	on of Business	2a. Mailing Address			4. FEI Number	, , -		:
2. Principal Plai	ce or presidess	26			59-3476647			opticable
21		Suite, Apt. #, etc.			5. Certifcate of Status Desired		75 Add	
Suite, Apt. #	, etc.	<u> </u>			5. Certificate of Status Desired	□ Fe	e Requi	red
22		27			6. Election Campaign Financing	\$5	.00 ма	y Be
City & State		City & State			Trust Fund Contribution	Ad Ad	ded to F	ees
23		28						
Zip	Country	Zip	Country	У	8. This corporation owes the co	iffent year intangible Yes⊟	. П	No
─ 1 '	25	29 30)		Personal Property Tax.			
24	9. Name and Address of Curren				10. Name and Address of Nev	v Registered Agent		
	9. Name and Address of Culter	It registered	8	1 Name		•		
5: 15	. ACOTT D	•	L.		D. D. Marker is Not Acco	ntable)		
CLARK, SCOTT D		* . *	8:	2 Street Addr	Address (P.O. Box Number is Not Acceptable)			
369 1	N. NEW YORK AVENUE		-			186 Fee 187 - 11 12 12 1	83 12H 2H	17-115 EA
THIRI	D FLOOR		8:	3	· 经销售银行的基础			21
	ER PARK FL 32789		<u> </u>			85	`Zip Co	de
1	-		8	, -		FL "	·	
	the provisions of Sections 607.050		the obe	up named com	poration submits this statement for t	he purpose of changi	ing its re	gistered
11 Pursuant t	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statutes	horized b	v the corporation	on's board of directors. I hereby ac	cept the appointment	as regis	stered
office or re	egistered agent, or both, in the State n familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statute	es.				
agent. i ar	Ti familiar with, and accept the ounge							
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	egistered Ag	jent signature require	ADDITIONS/CHANGES TO	DATE	CCTOR	C IN 12
ASSISSED AND			DIRECTORS 13.		ADDITIONS/CHANGES 10	OFFICERS AND DIV	EC ION	J 114 12
	OFFICERS AL	ND DIRECTORS	13.		ADDITIONS/CITANGES 15	[7]01		Addition
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12. TITLE NAME STREET ADDRESS	P FERDINAND, ROBERT L 422 N. MAIN STREET	ND DIRECTORS	1.1 TITLE 1.2 NAM 1.3 STRE	E			nange	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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90066 041 ***150.00