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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700081483 (4)

FILED May 13 1998 8:00am Secretary of State

FOYE PROPERTIES, INC.												
Principal Place		Mailing Address							-			
2340 PERIWINKLE WAY, M-2 SANIBEL ISLAND FL 33957					2340 PERIWINKLE WAY. M-2 SANIBEL ISLAND FL 33957							
												DO NOT WRITE IN THIS SPACE
												3. Date incorporated or Qualified
9 Principal Pl		2a. Mailing Address							09/18/1997 4. FEJ Number (20/22/20/20) Applied For			
2. Principal Place of Business					26							Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.							\$8.75 Additional
22					27							5. Certificate of Status Desired Fee Required
City & State					City & State							6. Election Campaign Financing \$5.00 May Be
23				2	28							Trust Fund Contribution Added to Fees
Zìp	Country			 -	Zip				Country			8. This corporation owes or has paid the corrent year Intangible
24		25			9			30	,			Personal Property Tax due June 30. Yes No.
		and At	idress of Curre	ont He	gistered	Agen	ι		81	N.	ame	10, Name and Address of New Registered Agent
	YE, ERIKA								0	190	31116	
2340 P ERIWINKLE WAY, M-2 Sani be l Island FL 33957									82	St	reet Addr	ess (P.O. Box Number is Not Acceptable)
									83			
									84	Ci	ty	FL 85 Zip Code
11 Piercuant t	n the provis	ions of	Sections 607 05	02 an	d 607 15	OR FIG	rida Statut	es the a	hove	e-nai	med corp	
office or re	egistered ag	gent, or	both, in the Stal	le of H	orida. St	uch ch	ange was	authorize	ed by	the	corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
1	m teamiliar w	ntn, and	accept the obii	gation	s 01, 500	KION BU	77.USUS, F#	JIIQA 518	nutes	5.		
SIGNATURE	Signature, typed	d or printed	name of registered a	gent and	the if appli	cable	(NOI	E Register	ed Age	ont sig	nature requir	ed when (einstating) DATE
12.			OFFICERS AL	ND DII	RECTOR	IS		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVST						DELETE	1.11	ITLE			☐ Change ☐ Addition
NAME	FOYE, (1.21	NAME		1	
STREET ADDRESS			KLE WAY, M-:	2				1.3 9	STREET	ADDF	RESS	
CITY-ST-ZIP	SANIBE	L ISLA	ND FL 33957					1.40	CITY-S	T - ZIP		
TITLE	D					Ш	DELETE	2.11	ITLE			Change Addition
NAME	FOYE,			_					NAME		ł	
STREET ADDRESS			KLE WAY, M-	2					STREET			
CITY-ST-ZIP	PANIRE	L ISLA	ND FL 33957				DÉLETE.		CITY-S	ST-ZII	Р	Change Addition
TITLE						Ш	DELETE	3.1 1			j	☐ Change ☐ Addition
WAME									NAME	AND	ar ec	
STREET ADDRESS									STREET			
CITY-ST-ZIP							DELETE		CITY-S	31-211		☐ Change ☐ Addition
NAME						لسا	VLC616		NAME		- 1	C STRANGE C TOURIST
1 1									STREET		acec	
STREET ADDRESS									CITY - S			
CITY-ST-ZIP TITLE						П	DELETE		TITLE	1-211		Change Addition
NAME						_			VAME			
STREET ADDRESS									STREET	ADDE	RESS]	
CITY-ST-ZIP									CITY - S			
TITLE							DELETE		HTLE			Change Addition
NAME									MAME			
STREET ADDRESS									STREET	ADDE	RESS	
CITY-ST-ZIP									CITY-S			
14. I hereby o	ertify that the	ne inforn	nation supplied	with th	is liling	does n	ot qualify f					Section 119.07(3)(i), Florida Statutes. I further certify that the information

4. 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.

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