Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90189 028 ***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

DOCUMENT # P97000088906

 Corporation) Name	••••			1		
ALDERWOOD REALTY CORPORATION							
					-		
							
Principal Place	of Business	Mailing Address			I SABISEON AND LOUIS HOUSE MOUNT AND IN ADDRESS AND LOUIS A		1 86110 0111 1685
2106 BISPHAM RD 46 N. WASHINGTON BLVD #1							
#B SARASOTA FL 34236				DO NOT WOITE IN THIS SPACE			
SARASOTA FL 34231					DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualifed		
0.00-11100	and Division of	2- Moiling Address			10/15/1997 4. FEI Number		pplied For
2. Principal Ptace of Business 2a. Mailing Address				65-0789029		ot Applicable	
Suite, Apt. :	# oto	Suite, Apt. #, etc.					Additional ~
22	F, 610.	27			5. Certificate of Status Desired		equired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year	ır İntangibler	
24			0		Personal Property Tax. Yes No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name	•		
	TERSON, JOHN		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
46 N. WASHINGTON BLVD., #1							
SAR	ASOTA FL 34236		83				
			84	City		85 Zip	Code
						F1L	
11. Pursuant i	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above	e-named corp	oration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing it	s registered
agent. I ar	n familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statutes	i.	and board of directors thorough becapt and a		-3.
SIGNATURE		_					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Rec			anstered Ager	nt signature required	d when reinstation) DAT	F	
12.							OPS IN 12
TITLE		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12
	DPS		13. 1.1 TITLE				
NAME	DPS STEFANIK, FRANK J	D DIRECTORS	13. 1.1 TITLE 1.2 NAME			S AND DIRECT	
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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 occurate 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 of 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 attacking it with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Xequired SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

924-8786