Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90119 049 \*\*\*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 # P97000093516

1. Corporation Name

PALMETTO POINT RITH DING CORP

FALIVICI	TO FOINT BUILDING CON	•					
Principal Plac	e of Business	Mailing Address			# (ME)(MA) () in julist toust mutat matte natit until		)   #  <b>   0</b>       00
1740 S ORANGE AVE 1740 S ORANGE AVE							
SARASOTA FL 34239 SARASOTA FL 34239					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed	JOF NOL	
					10/28/1997		1
Principal Place of Business     2a. Mailing Address					4. FEI Number	I A	pplied For
					65-0790950		ot Applicable
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.					<del>-  </del>	\$8.75	Additional
22 27				5. Certificate of Status Desired	Fee R	equired	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip 24			Country 30		<ol> <li>This corporation owes the current year Ir Personal Property Tax.</li> </ol>	tangible Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
FITZER, MARVIN 1740 S ORANGE AVE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
					· · · · · · · · · · · · · · · · · · ·		
SAH	RASOTA FL 34239		83				Í
			84	City	Town of the	85 Zip	Code
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was authorations of, Section 607.0505, Florida	Statutes	tne corporation.	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint of when reinstating)	intment as re	egistered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	FITZER, MARVIN		1.2 NAME				
STREET ADDRESS	A ABANOE AVE		1.3 STREET	ADDRESS			Į.
CITY-ST-ZIP	ST-ZIP SARASOTA FL 34239 1.40			T-ZIP			
TITLE	☐ DELETE 2.1 T		2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				. [
STREET ADDRESS	3		2.3 STREET	FADDRESS			
CITY-ST-ZIP			2.4 CITY-S	T-ZIP			
TITLE			3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME	İ			
STREET ADDRESS	5		3.3 STREET	FADDRESS		•	1
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		[ ] Change	Addition
TITLE		☐ DELETE	4.1 TITLE		·	onange	
NAME			4. 2 NAME				j
STREET ADDRESS	5		4.3 STREET				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		ClChange	Addition
TITLE		□ nci ctc	C 4 TWO F	I			
		☐ DELETE	5.1 TITLE 5.2 NAME			Change	Addition
NAME		☐ DELETE	5.2 NAME	r address		. Criange	Addition

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, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ DELETE

65-530

Change

Addition