04-20-1999 90104 007 \*\*\*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	#	P97000099692
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Zip

24

12.

WELCOME HOMES PROPERTY INVESTMENTS INC				
Principal Place of Business	Mailing Address			
1106 W. OAK ST. KISSIMMEE FL 34741	1106 W. OAK ST. KISSIMMEE FL 34741			
_	· .			
2. Principal Place of Business	2a. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
22	27			
City & State	- City & State			
23	28			

Zip

29

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Applied For Not Applicable \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

5. Certifcate of Status Desired

11/20/1997 4. FEI Number

59-3481867

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent

Yes

MCCORMACK, ANNE-MARIE 1106 W. OAK ST. KISSIMMEE FL 34741

25

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
1	, <u>, , , , , , , , , , , , , , , , , , </u>
84	City 85 Zip Code
1	· FL∣

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Seetign 607.0505, Florida Statutes.

13.

Country

30

OFFICERS AND DIRECTORS

Country

9. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

TITLE .	D ∟ DELETE	1.1 TITLE	☐ Change . ☐ Addition [
NAME	MCCORMACK, ANNE-MARIE	1.2 NAME	
STREET ADDRESS	1106 W. OAK ST.	1,3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADORESS	•	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DELETE-	3.1 TITLE	☐ Change ☐ Addition
NAME	المحمد ال	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP	,	3.4. C/TY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	Í
STREET ADDRESS	·	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	•	5.2 NAME	1
CTDEET ADDOCCC	· ·	5.3 STREET ADDRESS	

CITY-ST-ZIP 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

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

Addition