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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000102179

Corporation Name

LARKINS REALTY, INC.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90141 007 ***150.00

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Principal Place	e of Business		Ma	iling Address				1190111	A1 110 18111 188(1 881)1 8	Alli Shiar isan		(25:0:0::	
751 SW MACEDO BLVD			751 SW MACEDO BLVD										
PORT ST. LUCIE FL 34983			POI	RT ST. LUCIE FL 34983			DO NOT WR	ITE IN THIS	SPACE				
								3. Date Incorn	orated or Qualifed		, 0, ,,0,		
								12/01/19					
2 Principal Di	lace of Busine		2a	Mailing Address				4. FEI Numbe			A	plied For	
2. Principal Place of Business			26	Maining / tadross		65-08019				t Applicable			
21 Suite, Apt. #, etc.			[20]	Suite, Apt. #, etc.							Additional		
¬ '', '			27	⊢				5. Certifcate of	f Status Desired		•	equired	
City & State				City & State		6. Election Ca	mpaign Financing	سر سيو ست	\$5.00	May Be	-5		
23			28	28					Contribution			to Fees	
Zip		Country		Zip Country				8. This corpor	ation owes the cu	rrent year In	tangible	_	
24	2	:5	29	29 30					roperty Tax.		☐Yes	□No	
·	9. Name a	ind Address of Cur	rent Regist	tered Agent				10. Name and	Address of New	Registered	Agent		
						81	Name						
LARKINS, SUSAN H							Street Ac	reet Address (P.O. Box Number is Not Acceptable)					
9801 S OCEAN DR., #380													
JENS	SEN BEACH	FL 34957		25		83							
						84	City		_		85 Zip	Code	
-										<u>FL</u>	-		
office or re	edistered age	nt, or both, in the Sta	ate of Florid	07.1508, Florida Statu la. Such change was a	tes, the a authorized	bove bv 1	e-named co	orporation submits thi ation's board of direc	s statement for the tors. I hereby acce	ept the appo	r changing its intment as re	gistered	
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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 expowered to expute this regort as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with an other like expowered. CITY-ST-ZIP

SIGNATURE: