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 # P97000102371

1. Corporation Name

S. J. PAI	rk properties, inc.									
Principal Place	of Business	Mai	iling Address						/#/1 # #/1 # 11 # ## 11 11 14) 5 61 1161 1461
9039 S.E. HAWKSBILL WAY HOBE SOUND FL 33455 9039 S.E. HAWKSBILL WAY HOBE SOUND FL 33455							DO NOT WRITE IN THIS SPACE			
							Ī	3. Date Incorporated or Qualifed		
								12/04/1997		
2. Principal Pl	ace of Business	2a.	Mailing Address			4.4		4. FEI Number	App	olied For
21		26						65-0806591	Not	Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Ac	
City & State	9		City & State					6. Election Campaign Financing	\$5.00 N	Mav Be
23		28	•					Trust Fund Contribution	Added to	7 1
Zip	Country		Zip	Cou	ntry			8. This corporation owes the current year	r Intangible	
24	25	29	30					Personal Property Tax.	☐ Yes 〔	⊡ No
	9. Name and Address of Curren	1.7.1	ered Agent		Γ			10. Name and Address of New Register	red Agent	
					81	Name				
MULLER, JOHN R				82	Street Ad	Address (P.O. Box Number is Not Acceptable)				
9039 S.E. HAWKSBILL WAY HOBE SOUND FL 33455								<u> </u>		
	•				·					
					84	City		ſ	FL 85 Zip C	ode
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered ager	of Florida tions of,	a. Such change was at Section 607.0505, Flor	ida Stati	i by utes	the corpor	ation	ation submits this statement for the purpose is board of directors. I hereby accept the appropriate the purpose is board of directors. I hereby accept the appropriate in the purpose is a possible of the purpose is a pos	ppointment as reg	istered
12.	OFFICERS AN			13.	_		·	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	STP		☐ DELETE	1.1 मा	rle.				Change	☐ Addition
NAME	MULLER, JOHN R			1.2 NA	WE					
STREET ADDRESS	9039 S.E. HAWKSBILL WAY		1.3 ST		1.3 STREET ADDRESS					
	HOBE SOUND FL 33455					1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	TIODE OCCUP I E GOTOG		☐ DELETE	2.1 TI		· <u></u>	•		☐ Change	Addition
NAME				2.2 N	ME					
						T ADDRESS				
STREET ADDRESS				2.40)
CITY-ST-ZIP TITLE			☐ DELETE	3.1 TT		., - 24			Change	Addition
NAME				3.2 NA					-	
						TADDRESS				
STREET ADDRESS										ļ
CITY-ST-ZIP			☐ DELETE	4.1 TI		T-ZIP			☐ Change	Addition
·	•		□ b===+=	4. 2 N					_ ,	_ i
NAME				•		TADDDECO				.
STREET ADDRESS						T ADDRESS				ļ
CITY-ST-ZIP	1		☐ DELETÉ	4.4 CI 5.1 TI		1-212			☐ Change	Addition
TITLE				5.1 N					_ +9	
NAME . I						T ADDRESS				}
STREET ADDRESS				5.4 CI						
CITY-ST-ZIP			☐ DELETE	6.1 TI		1-dir			Change	Addition
TITLE	1		<u> </u>	V 11					Cricingo	

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 change flor on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 C/TY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90035 035 ***150.00