**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000004347

1. Corporation Name

SURFSIDE PROPERTIES, INC.

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Principal Place	of Business	M	alling Address		_		. i (##119#1 sin 1919) jatur gatur gane sann	66411 92111 BIRES (1111)	a) &	
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							DO NOT WRITE IN	THIS SPACE		1
							3. Date Incorporated or Qualifed			
<u> </u>							01/14/1998			ł
2. Principal Pl	lace of Business	Za.	. Mailing Address				4. FEI Number 21101224		plied For	ł
21		26				<del></del>	59-3497228		t Applicable	┨
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$0.75 Fee Ri	Additional	_
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City & State	9	Ь,	City & State				6. Election Campaign Financing		May Be to Fees	
23		28	Otto.	Cou			Trust Fund Contribution		10 1662	1
Zip	Country	$\vdash$	Žip		пцу		This corporation owes the current ye     Personal Property Tax.	ar⊪mang⊪ue ∐Yes	□No	
24	25	29	stand Anada	30		<del></del>	10. Name and Address of New Regist			1
<u> </u>	9. Name and Address of Curren	n regis	teled Agent		81	Name	to. Italia atta Austrasa at test tingin			1
HALE	GHT, BRUCE A									ł
501 HIGHWAY 98 E STE. G					82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	TIN FL 32541				83					1
					"					1
					84	City		FL 85 Zip	Code	1
					1			FE		
44 5	4- 41 d-i Ci C07 0E0	2 6	AT 1500 Florido Fistu	toe the e		-named corry	oration submits this statement for the purpo	se of changing its	registered	┨
	to the provisions of Sections 607.050 egistered agent, or both, in the State on familiar with, and accept the obligat	2 and 6 of Florid tions of	07.1508, Florida Statu da. Such change was i , Section 607.0505, Flo	tes, the a authorized orida Stati	bove by thes	-named corporatio	oration submits this statement for the purpo on's board of directors. I hereby accept the	se of changing its appointment as re	registered gistered	
11. Pursuant office or n agent, I as						o-named corporatio	d when reinstating) DA	TÉ		
	to the provisions of Sections 607.050 egistored agent, or both, in the State in familiar with, and accept the obligat Signature, typed or printed name of registered ages OFFICERS AN	nt and tide	Fapplicable. (NOT: CTORS	E: Registered	Agen			TE RS AND DIRECTO	ORS IN 12	100,4
SIGNATURE	Signature, typed or printed name of registered ega- OFFICERS AN	nt and tide	If applicable. {NOT	E: Registered	Agen		d when reinstating) DA	TÉ		(11/00)
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AND OFFICERS AND OFFICERS AND MCDONALD, JEFFREY W 4031 KATS COURT DESTIN FL 32541 D ZONDLO, FRANK 4035 KATS COURT	nt and tide	Fappicable. (NOT	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si	TLE WE TY-ST TLE WE TREET	I ADDRESS  ADDRESS  ADDRESS	d when reinstating) DA	RS AND DIRECTO	ORS IN 12	CD2E024 (44/08)
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	OFFICERS AND OFFICERS AND OFFICERS AND MCDONALD, JEFFREY W 4031 KATS COURT DESTIN FL 32541 D ZONDLO, FRANK 4035 KATS COURT	nt and tide	Yappicable. (NOT	13. 1.1 Π 1.2 N 1.3 S 1.4 C 2.1 Π 2.2 N 2.3 S 2.4 C 3.1 Π 3.2 N 3.3 S 3.3 S	Agentalian	T ADDRESS T-ZIP T ADDRESS T-ZIP	d when reinstating) DA	TE IS AND DIRECTO Change Change	PRS IN 12 Addition Addition	C026034 (14,008)
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6.4 CITY-ST-ZIP

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 applications, with all other like empowered.

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90026 034 \*\*\*150.00