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 # P98000004899

CM TREASURE COAST PROPERTIES II. INC.

Principal Place of Business Mailing Address									· +4111 31201 10179 1		
8000 S. FEDERAL HWY. SUITE 301 PORT ST LUCIE FL 34952			8000 S. FEDERAL HWY. SUITE 301 PORT ST LUCIE FL 34952			:	DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualifed			
								01/15/1998			
2.	Principal Pla	ace of Business	2a. Mailin	g Address				4. FEI Number	 	plied For	
21]		26		-	*		59-3490505	<u></u>	t Applicable	
	Suite, Apt. #	ŧ, etc.	Suite,	Apt. #, etc.			ł	5. Certifcate of Status Desired	\$8.75 A	I .	
22			27						Fee Re	quired	
	City & State		City 8	& State				6. Election Campaign Financing	\$5.00	,	
23		28					Trust Fund Contribution Added to Fees				
	Zip	Country	Zip Cour			У		8. This corporation owes the current year Intangible			
24]	25 29 30			<u> </u>			Personal Property Tax. Yes No			
	Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
81							116	se, William F.		į	
	BELLANTONI, CARMEN						82 Street Address (P.O. Box Number is Not Acceptable)				
2000 S E PORT ST LUCIE BLVD						80	00	S. Federal Hwy., #301			
PORT ST LUCIE FL 34952					8	3					
						4 0%			. 85 Zip C	- odo	
							Port St. Lucie FL 34952				
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 a provision of Section 607.0505, Florida Statutes.										gistered	
3-25-99										{	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered						tered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
_	2.	OT TOURS AND DIRECTORS		1.1 TITLE		T-7		Change	T Addition		
	île	- PD			DPT		NARD P BOLDAN JR	ogo			
N/	DEEDITOR, ON WILL				1.2 NAME						
STREET ADDRESS 2000 S E PORT ST LUCIE BLVD				l .	ET ADDRESS		oo s feoeral awy su rt st eucle fl 349	TE 301	Į		
CI	CITY-ST-ZIP PORT ST LUCIE FL 34952			TY DELETE					Change	T4Addition	
77	TLE	- D		2.1 TITLE		-	VS .	Citarige	L3 Addition		
N/	OFFICE I, WATER O			2.2 NAME			OHN BRANT				
\$1	THEE PARKETS LONG OF LONG OF COOLE BEYO			2.3 STRE	ET ADDRESS		29 S FEORRAL WIGHWAY	' Paine.	210-		
CITY-ST-ZIP		7 0111 01 20012 10 01002			2,4 CITY	-ST-ZIP	27	WART FL 34994	. ☐ Change		
TITLE		☐ DELETE 3.1		3.1 πTLE	:	1	L)		☐ Addition		
NAME .			3.2		3.2 NAME	2 NAME					
ST	TREET ADDRESS				3.3 STRE	ET ADDRESS					
CI	OHT-OH-ZIF				3.4. CITY	-ST-ZIP					
П	TLE DELETÉ 4.				4.1 TITLE		[Change	☐ Addition	
i					4	-	1				

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 of 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 attactment synthan address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

561-337-5566

☐ Change

Change

☐ Addition

☐ Addition

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90068 037 ***150.00