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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000006084**1. Corporation Name

NAME

STREET ADDRESS

PLUMMER PROPERTIES, INC.

Principal Place	e of Business	Mailing A	ddress						0)(† 8 9 1†1 06 111 0 0			
672 SHORE DRIVE		672 SHOR	672 SHORE DRIVE									
DESTIN FL 3254		DESTIN FL										
									ITE IN THIS	SPACE		
							3. Date Incorpora 01/21/1998		1]
2. Principal Pl	lace of Business	2a. Mailin	ng Address				4. FEI Number				Appl	ied For
21		26					59-35	30 4073	·		Not .	Applicable
Suite, Apt.	#, etc.		Apt. #, etc.			4.	5. Certifcate of S	Status Desired	П	\$8. 7	75 Ad	ditional
22		27					5. Certificate of 3	itatus Desireu	<u></u>	Fe	e Req	uired
City & State	e	City 8	& State				6. Election Camp	oaign Financing	П	\$5 .	.00 M	fay Be
23		28					Trust Fund Co	ntribution		Add	ded to	Fees
Zip	Country	Zip		Cour	ntry		8. This corporation	on owes the cui	rrent year Inta		-	_
24	25	29		30			Personal Prop			Yes	L	No
	9. Name and Address of Curre	ent Registered	Agent				10. Name and A	dress of New	Registered A	gent		
AA4E1	DII AVIVED				81	Name						
	rilawyer Almeria avenue			ŀ	82	Street Add	dress (P.O. Box Numb	er is Not Accep	table)			
CUH	AL GABLES FL 33134				83							
				-	84	City		*****		85	Zip Co	ode
					1	-			<u>FL</u>			
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	502 and 607.150	8, Florida Statut	es, the at	ove-	named cor	rporation submits this s	statement for the	e purpose of o	changin tment a	ig its ri as reai	egistered istered
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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 an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90039 020 ***150.00

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