PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

فاستثنيون بالكي

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000011645

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90109 011 ***150.00

Principal Place	OPERTIES - WATER'S EDGE	, PLAZA, INC. Mailing Address								
112 EAST ANNI		112 EAST ANNIE STREET			İ	•				
ORLANDO FL 3		ORLANDO FL 32806			-	DO NOT WRITE IN THIS SPACE				
					-	3. Date Incorporated or Qualified]
}					\	02/05/1998				1
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Apr	olied For	
21		26				<u> 59-34968</u>	07-		Applicable -	}
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
22		27						\$5.00	 	1
City & State	e		City & State			6. Election Campaign Financing Trust Fund Contribution		Added to		
23 Zip	Country	Zip	Country			8. This corporation owes the curre	nt year inta		1.	1
24	25		30	خستوستُ		Personal Property Tax.		☐ Yes	No T]
	9. Name and Address of Current					10. Name and Address of New R	egistered A	gent	•	1
		Y		81 Name						ļ
	KINS, THOMAS E			82 Street	Address	s (P.O. Box Number is Not Accepta	ble)			1
112 EAST ANNIE STREET						·				1
UHL	ANDO FL 32806			83						
				84 City			FI	85 Zip C	ode	
		407 4509 Florido Statuto	e the a	vovo named	corpora	tion submits this statement for the		hanalna its i	registered	1
11. Pursuant office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida, Such change was au	s, ule al thorized	by the corpo	oration's	s board of directors. I hereby accept	t the appoint	ment as reg	istered	ĺ
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flon	da Statt	ites.						{
SIGNATURE	Signature, typed or printed name of registered agent	and title if prolicable. (NOTE:	Registered	Agent signature n	mouleud wit	nen minete hava	DATE			<u></u> ⋒
										
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFF				1 ₺
TILE	OFFICERS AND							DIRECTO	RS IN 12	13
) 	D HANKINS, THOMAS E	DIRECTORS	13.	/E						034 (11/9
TITLE	D Hankins, Thomas E 3679 Winding Lake Circle	DIRECTORS	13. 1.1 TII 1.2 N	/E						2E034 (11/9
TITLE NAME	D HANKINS, THOMAS E	DIRECTORS DELETE	13. 1.1 TII 1.2 N/ 1.3 ST 1.4 CI	LE ME REET ADDRESS IY-ST-ZIP				Change	Addition	CR2E034 (11/9
TITLE NAME STREET ADDRESS	D HANKINS, THOMAS E 3679 WINDING LAKE CIRCLE ORLANDO FL 32835 D	DIRECTORS	13. 1.1 TO 1.2 N/ 1.3 ST 1.4 CC 2.1 TO	LE ME REET ADDRESS IY-ST-ZP						CR2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANKINS, THOMAS E 3679 WINDING LAKE CIRCLE ORLANDO FL 32835 D FREDERICK, CHARLES R	DIRECTORS DELETE	13. 1.1 TII 1.2 N/ 1.3 ST 1.4 CI 2.1 TII 2.2 N/	LE ME REET ADDRESS IY-ST-ZIP LE ME				Change	Addition	CR2E034 (11/9
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D HANKINS, THOMAS E 3679 WINDING LAKE CIRCLE ORLANDO FL 32835 D FREDERICK, CHARLES R 205 LAKE COPELAND DRIVE	DIRECTORS DELETE	13. 1.1 TII 1.2 N/ 1.3 ST 1.4 CF 2.1 TII 2.2 N/ 2.3 ST	LE ME REET ADORESS IY-ST-ZIP LE ME REET ADORESS				Change	Addition	CR2E034 (11/9
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANKINS, THOMAS E 3679 WINDING LAKE CIRCLE ORLANDO FL 32835 D FREDERICK, CHARLES R 205 LAKE COPELAND DRIVE ORLANDO FL 32806	D DIRECTORS DELETE	13. 1.1 TII 1.2 NV 1.3 ST 1.4 CI 2.1 TII 2.2 NV 2.3 ST 2.4 CI	NE REET ADDRESS IV- ST- ZIP LE ME REET ADDRESS IV- ST- ZIP				Change	Addition	CR2E034 (11/9
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D HANKINS, THOMAS E 3679 WINDING LAKE CIRCLE ORLANDO FL 32835 D FREDERICK, CHARLES R 205 LAKE COPELAND DRIVE ORLANDO FL 32806 D	DIRECTORS DELETE	13. 1.1 TII 12 NV 1.3 ST 1.4 CZ 2.1 TII 2.2 NV 2.3 ST 2.4 CZ	NE REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP				☐ Change	☐ Addition	CR2E034 (11/9
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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 eath; 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.

C1	~	R.	Α	TI	D	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

843-7070 X12