PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90043 037 ***150.00

= 310

= 31

DOCUMENT #	P98000012555

ANNEX REALTY, INC.				
Principal Place of Business	Mailing Address		- I (MOINEAR AIN SOID) (MIN) MAIN ABIN ABIN BONN BOID	ifitia iseni niuni nei At Berr 180e)
SIOD TAMBAME TRAIL NORTH	5100 TAMIAMI TRAIL NORTH	t		
SUITE 201 SUITE 201		DO NOT WRITE IN THIS SPACE		
NAPLES FL 34103 NAPLES FL 34103			3. Date Incorporated or Qualified	
			02/05/1998	
	La Mallia Addresa		4. FEI Number	Applied For
2. Principal Place of Business	2a. Mailing Address	DTL AVE N		Not Applicable
1 667 100# AUE N	26 667 /00 Suite, Apt. #, etc.	J - NUE 14	71-3111400	\$8.75 Additional
Suite, Apt. #, etc.	Suite, Apr. #, etc.		5. Certificate of Status Desired	Fee Required
2 City & State	City & State		. 6. Election Campaign Financing	\$5.00 May Be
- 1 1 - 1 - 2 - L 1	28 NAPLES	71	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year In	tangible
a 34108 25 US.		ii <i>U.</i> ら、	Personal Property Tax.	Yes No
9. Name and Address of Cur			10. Name and Address of New Registered	Agent
		81 Name		
SZEMPRUCH, DAVID J 82 Street Addre		ess (P.O. Box Number is Not Acceptable)		
'5100 Tamiami trail north		02 30961 A001	555 (1.0. Dex Humber is Not I acceptation	
SUITE 201		83		
NAPLES FL 34103				85 Zip Code
		84 City	FL	85 Zip Code
office or registered agent, or both, in the St agent. I am familiar with, and accept the ob	ate of Florida, Such change was autiligations of, Section 607.0505, Florid	da Statutes.	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	intment as registered
Signature, typed or printed name of registered		tegistered Agent signature required	ADDITIONS/CHANGES TO OFFICERS AT	ID DIRECTORS IN 12
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OTT ICENS A	☐ Change ☐ Addition
	Director DELETE			J
NAME JULIE A. GRU	.68	12 NAME		
STREET ADDRESS 667 1004 AV	E 17	1.3 STREET ADORESS		
CITY-ST-ZP NAPLES, FL	34108	1.4 CITY-ST-ZIP		Change Addition
TITLE	☐ DELETE	2.1 TITLE		□ ex=-8c □:
NAME		22 NAME		
STREET ADDRESS	- *	- 2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	☐ DELETÉ	3.1 TITLE	••	Change Dyconor
NAME		3.2 NAME		
STREET ADDRESS	-	33 STREET ADDRESS	and the company of the transport	
CITY-ST-ZIP		3.4. CTTY-S1-ZIP		
TIPLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
	□ DELETE	51 TM 6		☐ Change ☐ Addition

6.4 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(3Xi), 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 the Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

5.2 NAME

6.1 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

NAME

STREET ADDRESS

CTTY-ST-ZIP, 4 (

TITLE 🛒 🐫 👌

NAME :

□ DELETE

☐ Change

☐ Addition