FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

2281 LEE ROAD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000015940

1. Corporation Name

Principal Place of Business

2281 LEE ROAD

WEKIVA SPRINGS RESERVE, INC.

SUITE 103 WINTER PARK FL 32789			SUITE 103 WINTER PARK FL 32789						DO NOT WRITE IN THIS SPACE					
WHILE FAIL	L 32703		THE LANGE	, , , , , , , , , , , , , , , , , , , ,				1	Date Inc	•	ted or Quali	fed		
2. Principal Pl	ace of Business		2a. Mailing Address					4.	4. FEI Number					pplied For
21			26						59.	- 3L	19678	34	N	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					1					\$8.75	Additional
22	,		27					5.	Certifca	te of Si	atus Desire	ď-□	Fee R	equired
City & State	9		City & State				6	Election	Camp	aign Financ	na .	\$5.00	May Be	
23	_		28	28				"		-	ntribution	a 🗆		to Fees
Zip		Country		Zip Country				R	This cor	noratio	n owes the	current year li	ntangible	
24	25	,	29		30	•		•			erty Tax.	· · · · · · · · · · · · · · · · · · ·	Yes	□No
24	ent	100)		10.				w Registere	d Agent					
	3, 114,110 4110	Address of Currer			8	1	Name						,	
PIETKIEWICZ, STANLEY T						1								
2281	LEE ROAD					2	Street Add	et Address (P.O. Box Number is Not Acceptable)						
	E 103				8	+							.	
	ER PARK FL	32789				٦								
*****					8	4	City					F	L 85 Zip	Code
office or re agent. I ar	eaistered agent.	of Sections 607.050 or both, in the State and accept the obliga	of Florida. Such of	change was a	authorized b	y tr	named corporati	poration ion's bo	n submits pard of di	this strectors	atement for . I hereby a	the purpose occept the app	of changing it ointment as re	s registered egistered
SIGNATURE	Stonature, typed or no	inted name of registered age	ent and title if applicable.	(NOT	E: Registered Ag	ent s	signature require	red when r	einstating)			DATE		
12.	Organization types or pr		ND DIRECTORS		13.					NS/CH	ANGES TO	OFFICERS A	AND DIRECT	ORS IN J2
TITLE		0		DELETE	1.1 TITLE		70		art -			÷	☐ Change	
NAME					1.2 NAME	:					ANIEYT			
					1.3 STRE		nnpess 11	10171	Lee B	`دَ.ٰ	Svite	(a3		
STREET ADDRESS					1.3 STRE						3278			,
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NAME					6.2 NAM	=								
''	·				6.3 STRE	ETA	ADDRESS							
STREET ADDRESS	l													

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, on of an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90153 023 ***150.00