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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000019585

FLORIDA REAL ESTATE ENTERPRISE CORP.

1 .	
Principal Place of Business	Mailing Address
3636 HOLLOW TRAIL CT. PALM HARBOR FL 34684	3636 HOLLOW TRAIL CT. PALM HARBOR FL 34684

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90068 033 ***150.00



Principal Place	e of Business		Mailing	Address					((##!:##!	114 88 113 88 183 3	1919 (2121 9119)	1 1919 1 8717 1997
3636 HOLLOW TRAIL CT. PALM HARBOR FL 34684 3636 HOLLOW TRAIL CT. PALM HARBOR FL 34684						DO NOT WRI	TE IN THIS	SPACE				
	u	<u> </u>						3	3. Date Incorporated or Qualifed 02/27/1998			
2. Principal Pl	lace of Business	1	2a. Ma 26	illing Address				4	59-349400	5	No	oplied For ot Applicable
Suite, Apt.	#, etc.		\$ui	ite, Apt. #, etc.				5	5. Certifcate of Status Desired			Additional equired
City & State	e		28	y & State				6	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	25	Country	Zip 29	_	Cou	intry	 		 This corporation owes the curr Personal Property Tax. 		☐ Yes	XN₀
	9. Name and	d Address of Curre	ant Registere	d Agent				10). Name and Address of New F	tegistered /	\gent	
1440	4 OW DILL	<u>†</u>				81	Name					
MARLOW, BILL 3636 HOLLOW TRAIL CT.				82	Street Ac	ddress	(P.O. Box Number is Not Accepta	ible)	_			
PALI	vi Harbor Fl	34684				83						
		 				84	City				85 Zip	Code
		 				**	City			FL	103 -	
office or re	egistered agent.	or both, in the Stat	e of Florida. S	508, Florida Statutes Such change was au ction 607.0505, Flori	thorized	by	the corpora	orporati ation's l	on submits this statement for the board of directors. I hereby accep	purpose of t the appoir	changing its itment as re	registered egistered
SIGNATURE												
	Signature, typed or pi	inted name of registered ag				Agen	t signature requ	uired wher	n reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECT(DE IN 12
12.		OFFICERS A	AND DIRECTO	DELETE	13.				ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition
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NAME	MARLOW, B				1.2 N/					Ę.)
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CITY-ST-ZIP	PALM HARB	OR FL 34684		E3 DELETE	_	TY-81	r-ZIP				Change	Addition
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NAME					2.2 N		ĺ		•			}
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NAME	[3.2 N	AME	- 1					
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NAME					5.2 N		1					
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CITY-ST-ZIP		·			_	TY-S1	T-ZIP		<u></u>		_ 	
TITLE				☐ DELETE	6,171						Change	☐ Addition
NAME	ļ				6.2 N	AME						1
STREET ADDRESS					6.3 S	TREET	ADDRESS					

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(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 changes, or on an attachment with an address, with all other time empowered.

SIGNATURE: