PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000027400

. Corporation Name

R & G FDWARDS REAL ESTATE INVESTMENTS, INC

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90020 022 ***150.00

Baue	DWANDS HEAL ESTATE IN				
Principal Place	of Business	Mailing Address			
2809 PROCTOR ROAD 2809 PROCTOR ROAD					
SARASOTA FL 34231 SARASOTA FL 34231				DO NOT WRITE IN THIS	3 SPACE
•				Date Incorporated or Qualifed 03/24/1998	
2. Principal Pl	ace of Bysiness	2a. Mailing Address		/ 4. FEI Number	Applied For
284	14 Proctor Road	28 2844 Pro	ctor Road	1 65-082 1812.	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		S. Certificate of Cutton Double of	Fee Required
City & State	, , ,	City & State	<i></i>	6. Election Campaign Financing	\$5.00 May Be
z San	usota - F-	= 28 = Jaras 17a=		Trust Fund Contribution	Added to Fees
Zip	Country	ZID	Country USA	8. This corporation owes the current year In	itangible No
24 547	23 25 USA	29 3423 3	0 434	Personal Property Tax.	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	Agent
				Address (P.O. Box Number is Not Acceptable)	
2809 PROCTOR ROAD SARASOTA FL 34231				44 Proctor Ruad	
SAR	MOUTA FE 34231		83		
			84 City <		85 Zip Code
{				arasota Fl	-113452
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	Signature, typed or printed name of registered agent		egistered Agent signature req	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTORS IN 12
12.	OFFICERS ANI	D DIRECTORS	13.	***	ND DIRECTORS IN 12 Change Addition Change Addition
πιε	B	☐ Option		President -	4
NAME			1.2 NAME	Grace Patane Kawar	-208 g
STREET ADDRESS			1.3 STREET ADDRESS	2844 Proctor Road	2 3 1 2
CITY-ST-ZIP		☐ DELETE	1.4 CITY-ST-ZIP	Sarasora, FL DI	Change Addition O
TITLE		C) beceive	2.1 TITLE	Vice trespole Edwards	2
NAME			2.2 NAME	Barry Don't the Road	·
STREET ADORESS			2.3 STREET ADDRESS	2894 7780101210021	23/
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Saragom, FC 340	☐ Change ☐ Addition
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NAME			3.2 NAME		\
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CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP		∴ Change [Addition
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STREET ADDRESS			4.3 STREET ADDRESS	•	ĺ
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NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 City-St-ZIP		}
CITY-ST-ZEP		C prietr	6.1 TITLE		Change Addition
mre !		☐ DELETE			
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Costine 410 07/20(1) Florida Chatidae 16 thas an	artifu that the information
14. I hereby of indicated	certify that the information supplied with on this annual report or supplemental	n this using does not quality for the annual report is true and accura	te exemplion stated it	n Section 119.07(3)(I), Florida Statutes. I further ce ure shall have the same legal effect as if made und	ter oath; that I am an

4. I hereby certify that the information supplied with this filing does not quality 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 outly that I am an officer or director of the corporation or the reported or sustee employered 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.)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SUMMED OF PICER OR DIRECTOR OF PACE PACE PALANE Edwards

(94) 921-102