

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000027589

1. Corporation Name

SCN FLORIDA REALTY, INC.

99 APR 27 AM 11:27



Principal Place of Business

ONE BISCAYNE TOWER, SUITE 2975
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131

Mailing Address

ONE BISCAYNE TOWER, SUITE 2975
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131

7040 Lake Ellenor Dr

2. Principal Place of Business

7040 Lake Ellenor Dr

2a. Mailing Address

7040 Lake Ellenor Dr

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

Suite 105

City & State

Orlando Florida

City & State

Orlando Florida

Zip

32809

Country

ORANGE

Zip

32809

Country

ORANGE

9. Name and Address of Current Registered Agent

MACDANIEL, JOHN M ESQ.
ONE BISCAYNE TOWER, SUITE 2975
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131

04/01/99 980058 045 \$159.75

3. Date Incorporated or Qualified

03/25/1998

4. FEI Number

65-0821990

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes

☒

No

10. Name and Address of New Registered Agent

81. Name

ROBERTO L. OJEDA

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

85. Zip Code

86. City

87. State

88. Zip Code

89. City

90. State

91. Zip Code

92. City

93. State

94. Zip Code

95. City

96. State

97. Zip Code

98. City

99. State

100. Zip Code

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/19/99

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

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