CÓF	PROFIT RPORATION UAL REPOR' 1999		FLORIDA DEPART Katherine Secretary DIVISION OF CO	MENT OF STATE ' Harris of State	FILED SEURETARY OF SORP	STAIL ORATION:
DOCU 1. Corporation Records	MENT# Plays	198000028 1, Sx.	622		99 NOV 19 AM	II: 00
Principal Place	S OF BURKESS AV	enue.		Avenue		
On A	المالك المالك	۱, ۱	Juile # 202	2.1.1-1	DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS SPACE
2. Principal F	Place of Business		ta. Mailing Address	341 14	4. FELDUMBER 5.4504	Applied For
21 DH Suile, Apt	(2) (2) (2) (2) (2) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3	Hyenue 20	Suite, Apt. #, etc.	Mr Hyenue	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 0011C	b, Fl	. 27	City & State	<u> </u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 34	14 25	Country SA 25	Z ₂ , 1, -1, -1	Country A	This corporation owes the current year in Personal Property Tax.	
a 1 6	9. Name and	Address of Current Reg	istered Agent	81 Name	10. Name and Address of New Registere	d Agent
Dirt 1	My Mo	1 <u>111</u> 34 4 4	-H202	82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
2014 26 25. D	ו יייו ג <i>ו</i> כ 1	Avenue Suiti	² - 11	83 84 City		85 Zip Code
11 Pursuant	to the provisions	Sections 607 MO2 and	607 1508 Florida Statutes		rooration submits this statement for the purpose	
office or r agent. I a SIGNATURE	registered agent, o am familiar with	r both, in the State of Flo a accept the obligations	rida. Such change was auth of, Section 607.0505, Florid	horized by the corpora la Statutes.	rporation submits this statement for the purpose cition's board of directors. I hereby accept the app	ointment as registered
12.	Signature, types or fant	OFFICERS AND DIF		egistered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS /	ND DIRECTORS IN 12
TITLE NAME STREET ADORESS			☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	and how that III Avenue, 5	IND DIRECTORS IN 12 Change Addition
CITY-ST-ZIP			☐ DELETÉ	1.4 CITY-ST-ZIP	rate PL 34414	☐ Change ☐ Addition
NAME STREET ADDRESS				22 NAME 23 STREET ADDRESS		
CITY-ST-ZIP			☐ DELETE	2.4 CITY-ST-ZIP		Change Addition
NAME			·	3.1 TITLE 3.2 NAME	900003050	
				3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				3.4. CITY-ST-ZIP	-11/22/99 ****150.00	01005021
CHY-ST-ZIP TITLE			☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	90003050 -11/22/991 ****150.00	01005021
OTY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	-11/22/99I ****150.00	01005021
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby o	certify that the info		☐ DELETE ☐ DELETE ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP re exemption stated in	Section 119.07(3)(i). Florida Statutes. I further o	Change Addition Change Addition change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby o	certify that the info on this annual rep director of the con or Block 13 if char		☐ DELETE ☐ DELETE ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP re exemption stated in	Section 119.07(3)(i). Florida Statutes. I further ours shall have the same legal effect as if made un ulired by Chapter 607, Florida Statutes; and that	Change Addition Change Addition change Addition

PADDOCK PLAZA

3019 SW 27th Avenue, Suite #202 Ocala, FL 34474

Telephone: 352/861-2248

Fax: 352/861-2256

November 9, 1999

Sean Toner
Server Section Administrator
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sean,

I am in receipt of your Letter Number 599A00052535. As per my letter to you, I did not receive any of the notices on the 1999 Corporation Annual Reports for Paddock Plaza (59-3503593). Enclosed please find the report along with our check #1138 in the amount of \$150.00 for this annual report. I appreciate your consideration in this matter.

Thank you.

Sincerely,

Thad Boyd