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

DOCUMENT # P98000045249

1. Corporation Name

FLOYD-PIERCE PROPERTIES, INC.

Principal Place of Business

Mailing Address

230 SOUTH STATE ROAD 7

990-SOUTH-STATE-ROAD 7

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90156 042 ***150.00



PLANTATION FI		PLANTATION FL 33317- SAME			DO NOT WRITE IN THIS SPACE		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					3. Date Incorporated or Qualifed		
PT. LANDGROAGE FE 3330Y					05/20/1998		
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For		
21 26					65-083854/ Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional		
22					5. Certificate of Status Desired Fee Required		
City & State	9	City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	,	This corporation owes the current year Intangible		
24	25	29 30)		Personal Property Tax. Yes No		
5. Hame and I can ob 51 Can of					10. Name and Address of New Registered Agent		
8				Name			
POPLACK, ARIEL			82	Street	Address (P.O. Box Number is Not Acceptable)		
930 SOUTH STATE ROAD 7							
PLANTATION FL 33317							
			84	City	■■ 85 Zip Code		
				1	FL		
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			nt signature r	equired when reinstating) DATE ADDITIONOGULANCES TO OFFICE DC AND DIRECTORS IN 12		
12.	OFFICERS AND	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE			DANIEL GOLDSIEIN		
NAME	FOI EAON, AINCE		1.2 NAME		DIRECTOR 1130 ADEN FLAGLER DRIVE		
STREET ADDRESS	(
CITY-ST-ZIP			1.4 CITY-5	ST-ZIP	FT. LANDERDATE & 3330 Y		
TITLE		□ pereie	2.1 TITLE		HICHAEL FIBRET		
NAME			2.2 NAME		1130 ADEM FLAGLER DRICE		
STREET ADDRESS	1 ■			TADDRESS	1/30 ROLLA PLANCEE CAS		
CITY-ST-ZIP			2. 4 CITY-S		Pr. LAN OCROPIE & 3380 4		
TITLE	DELETE 3.11		3.1 TITLE		☐ Change ☐ Addition		
NAME			3.2 NAME				
STREET ADDRESS			33 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4,4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME			5.2 NAME				
STREET ADORESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
OTATE I MODINE SO					ı		

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 ampowered 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 appears with all other like empowered.

SIGNATURE:

CITY-ST-ZIP