

09201999-90012-050-\$150.00-\$150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

1999

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

 APPROVED
 AND
 FILED

99 OCT 20 AM 10:23

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


9-20-99 90012 050

DO NOT WRITE IN THIS SPACE

 3. Date Incorporated or Qualified
 05/28/1998

 4. FEI N/A Applied For
 Not Applicable

 5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required

 6. Election Campaign Financing
 Trust Fund Contribution ☐ \$5.00 May Be
 Added to Fees

 8. This corporation owes the current year
 Intangible Personal Property: ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

 MCCORKLE, LAWRENCE D
 4005 MISTY MORNING PLACE
 CASSELBERRY FL 32707

 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PETERS, DOUGLAS M ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	420 COLUMBUS CIRCLE	1.2 NAME	
STREET ADDRESS	LONGWOOD FL 32750	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D MCCORKLE, LAWRENCE D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	4005 MISTY MORNING PLACE	2.2 NAME	
STREET ADDRESS	CASSELBERRY FL 32707	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/99

Date

(407) 320-9666

Daytime Phone #

CR2E034 (5/99)

09201999-90012-050-\$150.00-\$150.00

... 1249

73 2012

September 9, 1999

To The Department of State,

This letter is to inform you that we didn't receive our first notice of The 1999 Profit Corporation Annual Packet in time to meet the appropriate deadline. After contacting your office, we were instructed to write a letter of explanation and enclose our check for the \$150.00 along with our application for renewal.

Thank you for your attention in this matter.

Sincerely,



Doug Peters

Champions Real Estate Investments, Inc.