PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90038 039 ***150.00

DOCUMENT # P98000048185

F & N REALTY INC.

	Banking Addense		I 10017041 ILA IBEAN ASTIN ABTEN BEUN EI	DELT DELEGOT 1955 DEL EL BOU S DEPOT DETET 1096 :
Principal Place of Business	Mailing Address		1	<u> </u>
3361 SOUTH U.S. #1, STE. #4 3381 SOUTH U.S. #1, STE. #4 FT. PIERCE FL 34982 FT, PIERCE FL 34982		•		•
F1. P			DO NOT WRITE IN THIS SPACE	
			3. Date incorporated or Qualifed	
			05/27/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21			65-083 1203	Not Applicable
Suite, Apt. #, etc.	pt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		U. COLORCE C. C	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be ~
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	
24 25	29 30	<u> </u>	Personal Property Tax. 10. Name and Address of New Register	
9. Name and Address of Curre	nt Registered Agent	81 Name /1/2	TAL OCILAR	
CHIANESE, NICOLE D		191 1981 198	SAL W. CHIAMES	SE
413 S/W SILVER PALM COVE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	00
PT. ST. LUCIE WEST FL 34986		83 9-2/	C SAVITINAS IY	
The Green Mediane Green		83	_	1
		84 City /	Doce -	85 Zip C9492
		77.	MERCE F	
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 apoprophia obligations of, Section 607.0505, Florida Statutes.				
agent. I am familiar with, and acceptathe obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE CONTRACTOR	iaulol_		when refrestational DATE	
Signature, typed or point of registered ag 12. OFFICERS A	ent and title if applicable. (NOTE: Re- ND DIRECTORS	gistered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE DRES	☐ DELETE	1.1 TFUE		AND DIRECTORS IN 12 Change Addition
		1.2 NAME		E
NAME NICOLE P. CHANGSE STREET ADDRESS 413 5/W SILVER PALM COVE		1.3 STREET ADDRESS		<u>}</u>
CITY-ST-ZP P. S. L. W.	16. 34986	1.4 CITY-ST-ZIP		₹ [
TITLE W. +ROAJS.	☐ DELETE	2.1 TITLE		Change Addition
NUE NOTAL D. CHIAM	las er	22 NAME		-
	AS AL OR.	2.3 STREET ADDRESS		
7-1 30 0 1017 11	-11082	2.4 CITY-ST-ZIP		Į
TITLE	DELETE	31 TITLE		Change Addition
NAME .	<u>_</u>	3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS	nga ina ngalasan ili sanggara ili w	\-
		3.4. CITY-ST-ZIP		!
CITY-ST-ZP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4,2 NAME		1 .
-		4.3 STREET ADDRESS		1
STREET ADDRESS		4.4 CITY-ST-ZIP		ş
CITY-ST-ZP	DELETE	5.1 TITLE		☐ Change ☐ Addition
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STREET ADDRESS	مستميمه ميتهاجز ومستديد	5.3 STREET ADDRESS	مراجعة المستحم	, , , , , , , , , , , , , , , , , , ,
CITY-ST-ZP		5.4 CITY-ST-ZIP		[
IIILE	DELETE	8.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		}
STREET ADDRESS		6.3 STREET ADDRESS		{
CITY-ST-ZIP		6.4 CITY-ST-ZIP]
ON THE STATE OF TH		<u> </u>	W. Jan Ozenici Elecido Otentado I freshor	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

wie early

Dayarre Phone #