

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90179 048 ***150.00

DOCUMENT # P98000048733

1. Corporation Name

400 FLAMINGO AVENUE, INC.

Principal Place of Business

21 S.E. HARBOR POINT DRIVE
STUART FL 34996

Mailing Address

21 S.E. HARBOR POINT DRIVE
STUART FL 34996



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1998

4. FEI Number

65-0842748

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 400 Flamingo Avenue

Suite, Apt. #, etc.

22

City & State

23 Stuart, Florida

Zip

24 34996

Country

25 USA

2a. Mailing Address

26 400 Flamingo Avenue

Suite, Apt. #, etc.

27

City & State

28 Stuart, Florida

Zip

29 34996

Country

30 USA

9. Name and Address of Current Registered Agent

MORTELL, EDWIN E III
2100 EAST OCEAN BOULEVARD
SUITE 103
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name Mortell, Edwin E., III

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

83

84 City Stuart

FL

85 Zip Code
34996

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Edwin E. Mortell, III

Edwin E. Mortell, III

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/99

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME BARATTA, ROBERT O

STREET ADDRESS 21 S.E. HARBOR POINT DRIVE

CITY-ST-ZIP STUART FL 34996

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE DV ☐ Change ☒ Addition

2.2 NAME Baratta, Scott R.

2.3 STREET ADDRESS 21 SE Harbor Point Drive

2.4 CITY-ST-ZIP Stuart, FL 34996

3.1 TITLE DV ☐ Change ☒ Addition

3.2 NAME Baratta, Gregg P.

3.3 STREET ADDRESS 21 SE Harbor Point Drive

3.4 CITY-ST-ZIP Stuart, FL 34996

4.1 TITLE DT ☐ Change ☒ Addition

4.2 NAME Mortell, Melissa A.

4.3 STREET ADDRESS 124 SE Wells Road

4.4 CITY-ST-ZIP Stuart, FL 34996

5.1 TITLE DS ☐ Change ☒ Addition

5.2 NAME Baratta, Carol

5.3 STREET ADDRESS 21 SE Harbor Point Drive

5.4 CITY-ST-ZIP Stuart, FL 34996

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

ROBERT O. BARATTA, III

4-21-99

SE 1-287-6151

CR2E034 (1/1/98)