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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000049862

1. Corporation Name

DECDEDTY FOR SALE BY OWNER INC

r moipar i 1400 or business
1431 S.E. 25TH TERRACE CAPE CORAL FL 33904

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90235 019 ***150.00

rnoren	TON GALL DI OMNEN,									
Principal Place	of Business	Mailing Address								
1431 S.E. 25TH	TERRACE	POST OFFICE BOX 1290								
CAPE CORAL F	L 33904	CAPE CORAL FL 3910				DO NO	T WRITE IN TH	IS SPACE		
						3. Date Incorporated or Q				
						05/28/1998				
3 Oringinal Di	ace of Business	2a. Mailing Address				4. FEI Number		Apr	olied For	
	ace of Business	26					2743		Applicable	
21 Suite, Apt. #	# etc	Suite, Apt. #, etc.	-			0 0 0 0		\$8.75 A		
_	, oto.	27				5. Certifcate of Status Des	ired 🗆	Fee Red	1	
22 City & State		City & State				6. Election Campaign Fina	incina	\$5.00	May Be	
23		28	<u> </u>			Trust Fund Contribution		Addēd to		
Zip	Country	Zip	Cou	ntry		8. This corporation owes t	he current year	Intangible		
24	25	29 1033910	30			Personal Property Tax.		☐Yes	B No	
	9. Name and Address of Curren	t Registered Agent	•			10. Name and Address of	New Register	ed Agent		
				81 N	Name					
	os, frank jr.			82 S	Street Addre	ss (P.O. Box Number is Not	Acceptable)		{	
	S.E. 25TH TERRACE			"	Jucot Madio	35 (1 .O. DOX 11411120) 10 1101				
CAPI	E CORAL FL 33904			83						
				24 5				85 Zip C	'ode	
				84 C	City		F	EL 85 Zip C	,oue	
									ragintared	
11: Pursuant t	o the provisions of Sections 607.050	2 and 607:1508, Florida Statute	s, the al	pove na	amed corpo	ration submits this statement	for the purpose	of changing its	registered	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such change was at	Jihonzed	i dv tne	amed corpo corporation	ration submits this statement n's board of directors. I hereb	for the purpose y accept the ap	of changing its in pointment as reg	istered	
office or re agent. I an	o the provisions of Sections 607.050 sgistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was at	Jihonzed	i dv tne	amed_corpo e corporation	ration submits this statement 's board of directors. I hereb	for the purpose y accept the ap	of changing its. pointment as reg	gistered	
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office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State n familiar with, and accept the obliga Signature, typed or pointed name of registered agen OFFICERS AN PST ANTOS, FRANK JR. 1431 S.E. 25TH TERRACE CAPE CORAL FL 33904 VPD	of Florida. Such change was attions of, Section 607.0505, Flor int and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CI 2.1 TT 2.2 NA	Agent sign. Agent sign. Agent sign. TLE AME REET ADI TY-ST-ZII	gnature required	when reinstating)	DATE	AND DIRECTO	RS IN 12	CD2E034 (41/08)
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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.