PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 07, 1999 8:00 am Secretary of State 05-07-1999 90122 029 ***150.00

1. Corporation	MEN 1 # P98000	051207			ĺ,		
•	PROPERTIES, INC.						
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Original Oleg	ce of Business	Mailing Address			- U XODIINO: IITA 12137 YOUN YENY COMU COEN YOUN	TIMBI KADAS ALDA	88111 (88 1) (881)
		-	DO 011775 2041				
BONITA SPRIN	Beach RD. Suite 2211 IGS F1 34135	9240 BONITA BEACH (BONITA SPRINGS FL.)					
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		1
		1 a a iii a a a a a a a a a a a a a a a			06/05/1998		-8-4 5
	Mace of Business	2a. Mailing Address	一	· 1	4. FEI Number 65 - 0/8/683 _		pplied For ot Applicable
21 9853 Suite, Apt.	N. Jamani Irail	26 9853 N Suite, Apt, #, etc.	Jamiam	mu_		\$8.75	
22 Suite, Apr.	- 22 <i>6</i>	27 2.2	o		5. Certificate of Status Desired	Fee Re	
City & Stat		City & State			-6Election Campaign Financing	\$5.00	May Be
Napl		28 Naples	FL		Trust Fund Contribution	Added t	
Zip	Country	Zip	Country		8. This corporation owes the current year int	angible Yes	□No
24 3410		29 34108	30 (aller_	Personal Property Tax. 10. Name and Address of Naw Registered		UNU
·	9. Name and Address of Current	waltetaran Wheut	81	Name	10. Hotte did bankass of Hos Loftstelan		-
	QUEZ, SAMUEL JR.						
4180 LOOKING GLASS LN. #2			82	82 Street Address (P.O. Box Number is Not Acceptable)			
NAP	LES FL 34112		83				
)			85 Zip (anda
			84	City	FL.	. 1 1	
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida St	atutes, the above	named corpo	ration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	changing its	registered
OTHICE OF F	registered agent, or both, in the State of	nonge, Such Change wa	es annoused by	nia conhoranni	is sould of directors. I hereby accept the appear		3.0.0.00
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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 instee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attention with an address, with all other like empowered.

SIGNATURE:

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