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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 90276 046 ***150.00

DOCUMENT # P98000054371

1. Corporation Name

ADVANCE PROPERTIES ENTERPRISES, INC.

Principal	Place	of	Business

Mailing Address



312 VENICE AVE E #209 VENICE FL 34292	312 VENICE AVE I VENICE FL 34292	312 VENICE AVE E #209 VENICE FL 34292			DO NOT WRITE IN THI	S SPACE
				•	3. Date incorporated or Qualifed 06/17/1998	
2. Principal Place of Business	2a. Mailing Addre	ess			4. FEI Number	Applied For
21	26				65-0847849	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	<u>-</u>		•	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Zip 29	70 Cou	intry		This corporation owes the current year In Personal Property Tax.	ntangible □ Yes ☑No
9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered	d Agent
Keller, Kano			81	Namé		
312 VENICE AVE E #209		82	2 Street Address (P.O. Box Number is Not Acceptable)			
VENICE FL 34292			83			
			84	City	FI	85 Zip Code
44 December to the accordance of Continue CO7	0502 and 607 1509 Florid	da Statutos the a	hove	-named come	ration submits this statement for the purpose of	of changing its registered

office or re agent. I a	egistered agent, or both, in the State of Florida. Such change was auth m familiar with and accept the obligations of Section 607.0505, Florid	orized by the corpo a Statutes.	rporation's board of directors. I nereby accept the appointment as registered
SIGNATURE	Suffigure, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature n	re required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Keiler Kung P/D/ DELETE	1.1 TITLE	Change Addition
NAME	(100000)	1.2 NAME	
STREET ADDRESS	SIG SITAMIAMI TR #A NOKOMIS FL 34275	1.3 STREET ADDRESS	ss Control of the con
CITY-ST-ZIP	Nokonis FL 34275	1.4 CITY-ST-ZIP	
TITLE	DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	ss
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	□ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	معس الأحيان والمراجع	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	os
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS	- 4	4.3 STREET ADDRESS	ss .
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	S
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	Change
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	SS
CITY-ST-ZIP	· ·	6.4 CITY-ST-ZIP	

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: