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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000055533

R.E. PROPERTIES OF N.E. FL, INC.

Principal	Place of	Business

5605 FORT SUMTER ROAD

Mailing Address

May 10, 1999 8:00 am Secretary of State

05-10-1999 90178 023 ***150.00



5605 FORT SUMTER ROAD JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/19/1998 Applied For 4. FEI Number 2. Principal Place of Business Not Applicable \$8,75 Additional uite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 **\$5.00** May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 8. This corporation owes the current year Intangible Country Zip Personal Property Tax. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SAFAR, EDMOND Street Address (P.O. Box Number is Not Acceptable) 5605 FORT SUMTER ROAD JACKSONVILLE FL 32210 83 Zip Code 85 84 City 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 obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE DPST TITLE 1.2 NAME SAFAR, EDMOND NAME 5605 FORT SUMTER ROAD 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE SAFAR, LOUSIA 2.2 NAME NAME 5605 FORT SUMTER ROAD 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 12 Change Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change □ DELETE 6.1 TITLE ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 changes, or on an attachment with an agencies with all other like empowered.

OFFICER OR DIRECTOR

SIGNATURE:

CR2E034 (11/98)