

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
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90022 039 ***150.00

0079424

DOCUMENT # P98000057460

1. Corporation Name

BODGAN FINANCIAL GROUP PROPERTIES, INC.

Principal Place of Business
243 W. PARK AVE., STE. 106
WINTER PARK FL 32789

Mailing Address
243 W. PARK AVE., STE. 106
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1998

4. FEI Number

105-0849503

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 1918 Port St Lucie Blvd
Suite, Apt. #, etc.

2a. Mailing Address

26 1918 Port St Lucie Blvd
Suite, Apt. #, etc.

City & State

23 Port St Lucie FL

City & State

28 Port St Lucie

Zip

24 34952 25 USA

Zip

29 34952 30 USA

9. Name and Address of Current Registered Agent

BOGDAN, LEONARD P JR
243 W. PARK AVE., STE. 106
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

LEONARD P BOGDAN JR

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

1918 Port St Lucie Blvd

83

84 City

Port St Lucie

FL

85 Zip Code
34952

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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Leonard P Bogdan Jr

(NOTE: Registered Agent signature required when reinstating)

1-19-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME LEONARD P BOGDAN JR
STREET ADDRESS 1918 Port St Lucie Blvd
CITY-ST-ZIP Port St Lucie FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVS
1.2 NAME JOHN BRANT
1.3 STREET ADDRESS 729 S FEDERAL HIGHWAY, SUITE 210
1.4 CITY-ST-ZIP STUART FL 34994

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leonard P Bogdan Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99 561-337-5566

Date

Daytime Phone #

CR2E034 (11/98)