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**

DOCUMENT # P98000057503

DIRECTIONAL PROPERTIES, INC.

Principal Place of Business	
802 N.W. FIRST ST.	
COURT DAY EL COJOS	

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90217 046 ***158.75



Principal Place of Business	Mailing Address						
02 N.W. FIRST ST. OUTH BAY FL 33493	902 N.W. FIRST ST. South Bay Fl. 33493		DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed 06/26/1998				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
\overline{I}	26		65-0856064	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country	Zip Co	untry	8. This corporation owes the current year Intangible				
25	29 30		Personal Property Tax.	I Yes □No			
9. Name and Address of Current	Registered Agent	10. Name and Address of New Registered Agent					
DOVAL DEDIK C		81 Name	•				
ROYAL, DERIK C 802 N.W. FIRST ST.		82 Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
SOUTH BAY FL 33493		83					
		84 City	· F	L 85 Zip Code			
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State or agent. I am familiar with, and accept the obligation 	f Florida. Such change was authorize	d by the corporatio	pration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered ointment as registered			
SIGNATURE							

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Res	stered Agent signature r	equired when reinstating)	DATE	
12. OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTOR	RS IN 12
TITLE	D 🗆	DELETE	1.1 TITLE	DISIT	Change	Addition
NAME	TEETS, JAMES C		1.2 NAME			ļ
STREET ADDRESS	802 N.W. FIRST ST.		1.3 STREET ADDRESS		•	
CITY-ST-ZIP	SOUTH BAY FL 33493		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE	PIP	Change	☐ Addition
NAME	ROYAL, DERIK C		2.2 NAME			ĺ
STREET ADDRESS	802 N.W. FIRST ST.		2.3 STREET ADDRESS			
CITY-ST-ZIP	SOUTH BAY FL 33493		2. 4 CITY-ST-ZIP			
TITLE	D	DELETE	3.1 TITLE	DIVP	Change	☐ Addition
NAME	ROYAL, CHARLES F		3.2 NAME			
STREET ADDRESS	802 N.W. FIRST ST.		3.3 STREET ADDRESS			
CITY-ST-ZIP	SOUTH BAY FL 33493		3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
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			
CITY-ST-ZIP			5.4 CiTY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-7IP			6.4 CITY-ST-ZIP			i

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.

SIGNATURE: