Aug 19, 1999 8:00 am Secretary of State

08-19-1999 90009 001 ***550.00

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 # P98000057812

1. Corporation Name

STODDARD REALTY MANAGEMENT GROUP II., INC.

Principal Plac				1 (((((((((((((((((((0 16101 101(1 PD141 00(1) (I III II	Artii t aba t imimi				
5333 NW 79TH	WAY.	5333 NW 79TH WAY									
PARKLAND FL	33067	PARKLAND FL 33067			ĺ	DO NOT WRITE IN THIS SPACE					
					- D	ate Incornors	ted or Qualifed	IN I HIS	SPACE		
					•	6/29/1998					
2. Principal P	lace of Business	2a. Mailing Address			4. FI	El Number			Ap	plied For	
21 2452	_	26 P.O. Box	210	608	6	5-08	46687		No	t Applicable	
Suite, Apt.		Suite, Apt. #, etc.				ortifoata of Si	atus Desired []	\$8.75 A		
22		27			5. 0	erincate of S	atus Desireo [Fee Re	quired	
City & State City & State				_	6. E	lection Camp	aign Financing	_	\$5.00	May Be	
23 Palm	Beach Gardens, FL	28 KOYAL Palm B				rust Fund Co	ntribution		Added t	o Fees	
Zip	Country	Zip	Count	,	1 -		n owes the current	year Int		rd.	
24 3341		29 33421-0608 30	<u> </u>) ST		ersonal Prop		-1-4		No No	
	9. Name and Address of Current	t Registered Agent	- 8	1 Name	10. N	ame and Ad	dress of New Reg	istered	Agent	———	
LYON, JAMES B				, Hame							
1881 UNIVERSITY DR.			8	2 Street	Address (P.O	dress (P.O. Box Number is Not Acceptable)					
CORAL SPRINGS FL 33071			8	3							
			Į	1							
			8-	4 City		<u> </u>		FL	85 Zip C	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	the abo	ve-named	corporation s	ubmits this st	atement for the pu	rpose of	changing its	registered	
office or n agent. I a	egistered agent, or both, in the State om familiar with, and accept the obligat	of Florida. Such change was autho ions of, Section 607,0505, Florida	orized b Statute	y the corpos.	oration's boar	d of directors	. I hereby accept to	ne appoi	ntment as reg	gistered	
SIGNATURE										t	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Regi	istered Ag	ent signature n	equired when reins	stating)		DATE			
12.	OFFICERS AND DIRECTORS		13.		AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE			1.1 TITLE						⊠ Change	☐ Addition	
NAME	STODDARD, BATES F		1.2 NAME			24.	n(N			}	
STREET ADDRESS			1.3 STREET ADDRESS			P6 4		_			
CITY-ST-ZIP	PARKLAND FL 33067		1.4 CITY-ST-ZIP		Palm	Beach	Garbens	FL.	33410		
TITLE	_		2.1 TITLE						☐ Change	Addition	
NAME	221		2.2 NAME	İ						ì	
STREET ADDRESS 235			2.3 STREET ADDRESS							l	
CITY-ST-ZIP				2.4 CITY-ST-ZIP							
TITLE '	DELETE 3.1 TI		3.1 TITLE	ļ		•			Change	☐ Addition	
NAME	WE 3.2 !		3,2 NAME							1	
STREET ADORESS	TREET ADDRESS 3.3 S		3,3 STREET ADDRESS							ì	
CITY-ST-ZIP				3.4. CITY-ST-ZIP							
τπιε	DELETE .4.1 Tr		4.1 TITLE						Change	Addition	
NAME			4. 2 NAM	!							
STREET ADDRESS			4.3 STRE	ET ADDRESS							
CITY-ST-ZIP			4,4 CITY-	ST-ZIP							
TITLE			5.1 TITLE						Change	☐ Addition	
NAME	}		5.2 NAME	i							
STREET ADORESS			5.3 STRE	ET ADDRESS		•					
CITY-\$T-ZIP			5.4 CITY-								
TITLE		☐ DELETE	6.1 TITLE				-		☐ Change	Addition	

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 review or trustee emphasized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Ates Stoddard 8/17/99 561-389-883,