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 # P98000059048

RX PROPERTIES, INC.

Principal Place of Business

Mailing Address

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90010 038 ***158.75



157 EAST NEW ENGLAND AVENUE #274 WINTER PARK FL 32789		157 EAST NEW ENGLAND AVENUE #274 WINTER PARK FL 32789		a a super MIDITE IN THE	20405			
					DO NOT WRITE IN THI	S SPACE		
					 Date Incorporated or Qualified 07/02/1998 			
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For		
21		26					t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re		
City & State		City & State			6. Election Campaign Financing	\$5.00	May Re	
23	•	28			Trust Fund Contribution	Added t	,	
Zip					8. This corporation owes the current year Ir		_/	
24	25 29 30				Personal Property Tax.	☐ Yes	ŒNo	
	9. Name and Address of Currer	nt Registered Agent	81		10. Name and Address of New Registered	Agent		
GRAY, N D JR.				Name				
	r, n d jr. Enspoon, marder, hirschfe	ELD, ET. AL.	82	Street A	ddress (P.O. Box Number is Not Acceptable)			
135 \	WEST CENTRAL BOULEVARD -		83					
ORLA	ANDO FL 32801			City	F	85 Zip 0	Code	
		0 1007 4500 Fl I - Clab II-	455		erporation submits this statement for the purpose (of changing its	registered	
11. Pursuant t	to the provisions of Sections 607,050 edistered agent, or ooth, in the Siste)2 and 607.1508, Florida Statutes ∙of Florida. Such change was auti	, tne abov horized by	e-named corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the app	ointment as re	gistered	
agent. I ar	n familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statutes	5.	4Jn A	99		
SIGNATURE	Signature, typed or printed name of legisters Ale	nt and title if applicable (NOTE. R	egistered Ager	nt signature reg	jured when reinstating)	11.	{	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	-		1.2 NAME					
STREET ADDRESS	A STATE OF THE PARTY OF THE PAR		1.3 STREET ADDRESS					
CITY-ST-ZIP	WINTED DADIS EL COZOG		1.4 CITY-ST-ZIP		<u></u>			
TITLE			2.1 TITLE			Change	Addition	
NAME	PATEL, DILIP M		2.2 NAME					
STREET ADDRESS	ART FAOT MENU PAIG AND AUFAINE SOTA		2.3 STREE	TADDRESS				
CITY-ST-ZIP	WINTER PARK FL 32789		2. 4 CiTY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		-	Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP	•		3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME	ł				
STREET ADDRESS	ADDRESS 4.3 S		4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME	j		5.2 NAME					
STREET ADDRESS			1	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME .			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADORESS			ĺ	

CITY-ST-ZIP not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with the indicated on this annual report or supplemental and officer or director of the corporation or the redeviver o Block 12 or Block 13 if changed, or on an attachmen

SIGNATURE:

CR2E034 (11/98)