PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000064973**

CITY-ST-ZIP

GLADES REAL ESTATE GROUP, INC.

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Principal Plac	e of Business	Mailing Address			- 14 14 14 14 14 14 14 14 14 14 14 14 14	meste #1517 1511	: : #490 -
5881 N.W. 151 STREET 5881 N.W. 151 STREET]'		
#101 #101						60465	
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014					DO NOT WRITE IN THIS	SPACE	
	·		•		3. Date Incorporated or Qualified 07/23/1998		
2. Principal Place of Business 2a. Mailing Address				65-086232/ Not		pplied For	
21 26 26						N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		
27							
City & State City & State				1 11			May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year in	angible KU Yes	□No
24	25		30		Personal Property Tax.		(JN0
	9. Name and Address of Curren	t Registered Agent	 ,	B1 Name	10. Name and Address of New Registered	vAgur.	
· Milis	SSMAN, JAY D		l'	IVALIE			
5881 N.W. 151 STREET			į.	Street Addr	ess (P.O. Box Number is Not Acceptable)		
#101			L.		<u></u>		
	MI LAKES FL 33014		ľ	83			
MIAMI LANGO PL 33014			h	84 City		85 Zip	Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of				'	FL FL		
12.		D DIRECTORS DELETE	13.	gent signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	O DAILU	C ocreis	1.1 TITU	• }		☐ Channe	☐ Addition
NAME	Salver, Paul 5881 n.W. 151 Street, Suite		4 7 4174	re i		☐ Change	Addition
STREET ADDRESS	MIAMI LAKES FL 33014	101	1.2 NAM			☐ Change	☐ Addition
CITY-ST-ZIP		101	1.3 STR	EET ADDRESS		☐ Change	☐ Addition
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6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this thing does not qualify for the exemption stated in Section 119.07(3Xi). Florida Statutes, I further certify that the information indicated on this annual report or supplemental shrutal report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver of trusted 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 ap attachment with an address, with all other like empowered.

Apr 23, 1999 8:00 am Secretary of State

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