PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Ketherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000067406

L.A.D. PROPERTY VENTURES, INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90020 010 ***150.00



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Principal Place of Business	Mailing Address			
6006 31ST AVENUE WEST	6006 31ST AVENUE WEST			
BRADENTON FL 34209	BRADENTON FL 34209		DO NOT WRITE IN TH	IIS SPACE
			3. Date incorporated or Qualifed	
,			07/29/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
		ST WEST	65-0854093	Not Applicable
21 4709 544 57 WEST Suite, Apt. #. etc.	Suite, Apt. #, etc.	0, 00 3.	0-0-	\$8.75 Additional
¬ · ,,		•	5. Certificate of Status Desired	Fee Required
City & State	City & State		Classics Computer Financias	
	— <i>-</i>	Finding	6. Election Campaign Financing Trust Fund Contribution	\$5,00 May Be Added to Fees
		Country		
Country .	— ai/a ~ ~ □	Country	This corporation owes the current year Personal Property Tax.	[]Yes []No
24 39201/ 25	29 39 20 / 30		10. Name and Address of New Registers	
9. Name and Address of Current	Registered Agent	81 Name	le. Hallie alle Audress of New Auglisters	<u> </u>
DENT LEONADO A		To Thamb		
DENT, LEONARD A		82 Street Add	ress (P.O. Box Number is Not Acceptable) WHITFIELD: HV	
6006 31ST AVENUE WEST			WHITFIELD! HOW	·
Bradenton FL 34209		83		
		84 City		85 Zip Code
11. Pursuant to the previsions of Sections 607.0502		(5)	the ASOTA F	L 1 10727 3 1
Pursuant to the provisions of Sections 607.0502, or registered agent, or both, in the State or agent. I am familiar with, and accept the obligations. SIGNATURE	. NO PRO	Statutes. 5/06>/ Stated Agent signature require	CONGRO A. DENT	4/8/99
Suppose, typed or printed name of registered agent 12. OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	
			KESIONT-	☐ Change ☐ Addition
THE PRESIDENT		LI TIBLE	SONAND A. DENT	[] 4.4.4.
NAME LEONARD A. DE			13 WHITHER AVE	
STREET ADDRESS 4/13 WHIT FIELD A	34243	- ما	ALBSODY FY 34243	
		1.4 CTY-ST-ZEP	THUTSU/14, 77 3121 3	[]Change
ME		2.1 TITLE		
NAME		2.2 NAME	`	
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP				
TITLE		2.4 CITY-5T-ZIP		
	DELETE :	3.1 TITLE		☐] Change ☐ Addition
NAME	DELETE :			_ Change
	DELETE :	3.1 TITLE		☐} Change ☐ Addition
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information find cated 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 or-th; 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 open attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE SUCCULTRETOWN A. DENT

4/8/95 730-6029