PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90120 028 ***150.00

	1999	211.0,0,10,	JRPORATIONS	j		
1. Corporation	MENT # P98000 n Name STMENT REALTY, INC.	068450				
District Disease		Mailine Address			BESTE BUILD SOUN BY BAY ONLY STAN JEAN.	
Principal Place		Mailing Address			•	
) GARDENS BLVD. #104	398 W. CAMINO GARDENS E BOCA RATON FL 33432	BLVD. #104			
BOCA RATON I	FL 33432	DOOR HATOR TE SONIE		po not write in 1	THIS SPACE	_
				3. Date incorporated or Qualifed		1
				08/03/1998		
├ ──¬	lace of Business	2a, Mailing Address		4. FEI Number 65-0855571	Applied For Not Applicable	}
Suite, Apt.	# atc	Suite, Apt. #, etc.		0 0 0 0	\$8.75 Additional	1
22	w, 610.	27		5. Certificate of Status Desired	Fee Required	ĺ
City & State	R	City & State		6. Election Campaign Financing	\$5.00 May Be	7
23	_	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip.	Country	8. This corporation owes the current year]
24	25	29 3	10	Personal Property Tax.	☐ Yes ☐ No	4
	g. Name and Address of Curren	t Registered Agent		10. Name and Address of New Regists	red Agent	4
4413.00			81 Name 1	lies Kimmol		1
	MEL, RANDYE	40.4	82 Street Add	ress (R.O. Box Number is Net Acceptable)	. /	Ī
	W. CAMINO GARDENS BLVD. #	104	7/81	HAVILAND LIN	<u>ue</u>	4
ROC	A RATON FL 33432		83	• .		
			84 (00)	0 . 1	85 Zip Code	7
			「こうりり	Viol Beach	FL 33437	4
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named com	poration submits this statement for the purposion a board of directors. I hereby accept the a	se of changing its registered conditionent as registered	1
[omceorn	egistered agent, or both, in the State	UI FROMUS. SUCH GREINGE WAS SUL	In many and Apply and and Apply and			
agent. I a	m_tamilier with, and accept the obligat	tions of, Section 607.0505, Florid	ia Statutes) /// ,		1-1-0	ļ
1	m familier with, and accept the obligat	tions of, Section 607.0505, Florid	ia Statufes	me !	2/9/99	
SIGNATURE	Signature, typed or primited name of registered agen	at and title if applicable. (NOTE: R	togistered Agen algorithms require	of when fourtissing) DAT	2/9/97	- (S)
SIGNATURE	Signature, Howed or printed name of registered agen OFFICERS AN	x and title if applicable. (NOTE: R	Location of Acid of School Parks	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12	11/98)
SIGNATURE	Styristine, typed or printed name of registered agen OFFICERS AN	at and title if applicable. (NOTE: R	ociniored Agent of Egylere require 13. 1.1 TITLE	of when fourtissing) DAT	2/9/97	4 (11/98)
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN D KIMMEL, RANDYE	et and tile if applicable. (NOTE: RID DIRECTORS	13. 1.1 TITLE 12 NAME	of when fourtissing) DAT	S AND DIRECTORS IN 12	:034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, ricord or primited name of registered agents OFFICERS AN D KIMMEL, RANDYE 398 W. CAMINO GARDENS BL	et and tile if applicable. (NOTE: RID DIRECTORS	optimered Agent strip gather require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	of when fourtissing) DAT	S AND DIRECTORS IN 12	2E034 (11/98)
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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 eath; that I am an officer or director of the corporation or the receiver or trustee epipowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an alachment with agraddress, with all other like empowered.