Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90158 046 ***150.00

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PROFIT CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000069802

1. Corporation Name

REAL PROPERTIES AND MANAGEMENT, INC.

nual fr		WENT, INC.					
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·				
17590 SHETLAND LANE LOXAHATCHEE FL 33470 17590 SHETLAND LANE LOXAHATCHEE FL 33470			DO NOT WE		SPACE	=1	
				3. Date Incorporated or Qualifed 08/11/1998	i .		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	_	. App	olied For
21		26		65-0858027	<u></u>		Applicable
Suite, Apt.	#, etc. ·	Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75 A	
22		27				Fee Rec	
City & State	e	City & State		6. Election Campaign Financing	' 🗆	\$5.00 N	
23		28	Country	Trust Fund Contribution		Added to	rees
Zip	Country	Zip	Country	This corporation owes the cu Personal Property Tax.	ment year inta		□No
24	9. Name and Address of Curre		30	10. Name and Address of New	Registered A	<u></u>	
	9. Name and Address of Curre	BIIL Registered Agent	81 Name	10. Hame and Placeson of West			
WILL	EMS, LAURA S		1 1	**			
	O SHETLAND LANE		82 Street Add	ress (P.O. Box Number is Not Accep	table)		
	AHATCHEE FL 33470		83				_
						 - - - -	
			84 City		FL	85 Zip C	oae
44 Dureupot	to the provisions of Sections 607.05	502 and 607 1508 Florida Statute	s, the above-named corr	poration submits this statement for th	e purpose of o	changing its i	registered
11. Fuisuaiii		Con the Contract of the Contra	أفسيت وحافي بالمستدومة	an's based of dispetate I borbby acco			netered l
office or re	egistered agent, or both, in the Stati	te of Florida. Such change was au	tnorized by the corporati	on's board of directors. I hereby according	ept the appoin	tment as reg	gistered
office or re agent. I ar	egistered agent, or both, in the Stat m familiar with, and accept the oblig	te of Florida. Such change was au	tnorized by the corporati	on's board of directors. I hereby acco	epi ine appoin	itment as reg	jistered
office or re agent. I an SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered as	te of Florida. Such change was au gations of, Section 607.0505, Flori	thorized by the corporation of the statutes. Registered Agent signature requires	ad when reinstating)	, DATE		
office or reagent. I as SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A	te of Florida. Such change was augations of, Section 607.0505, Flori gent and title if applicable. (NOTE:	thorized by the corporational da Statutes. Registered Agent signature require 13.	on's poard of directors. Thereby according	, DATE	D DIRECTO	RS IN 12
office or re agent. I ar SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A	te of Florida. Such change was au gations of, Section 607.0505, Flori	Registered Agent signature requirements. 13. 1.1 TITLE	on's poard of directors. Free by account	, DATE		
office or reagent. I as SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D WILLEMS, LAURA S	te of Florida. Such change was augations of, Section 607.0505, Flori gent and title if applicable. (NOTE:	Registered Agent signature requint 13. 1.1 TITLE 12 NAME	on's poard of directors. Free by account	, DATE	D DIRECTO	RS IN 12
office or reagent. I as	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A D WILLEMS, LAURA S 17590 SHETLAND LANE	te of Florida. Such change was augations of, Section 607.0505, Flori gent and title if applicable. (NOTE:	Infonzed by the corporation of t	on's poard of directors. Free by account	, DATE	D DIRECTO	RS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D WILLEMS, LAURA S	te of Florida. Such change was augations of, Section 607.0505, Flori	Intonzed by the corporation of t	on's poard of directors. Free by account	, DATE	D DIRECTOI	RS IN 12
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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 oath; 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 pranaged, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR