## 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 # P98000074193

1. Corporation Name

AURORA LAND HOLDINGS, INC.

Principal	Place	of Business	

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

04-14-1999 90193 033 \*\*\*150.00

			<u> </u>				
Principal Place	of Business	Mailing Address					
597 DUNCAN AVENUE SOUTH 57 <del>7 DUNCAN AVENUE SOU</del> TH CLE <del>ARWATER FL 33756</del> CLEA <del>RWATER FL 33756</del>		l	DO NOT WRITE IN THIS	SPACE			
				3. Date Incorporated or Qualifed	JEACE		
				08/24/1998			
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number	Applied For		
21 1721	MAINBOW DR.	26 1721 MAINB	ow DR.		Not Applicable		
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.	_	5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	_City & State		6. Election Campaign Financing	\$5.00 May Be		
CLEAR	PWATER_FL.	28 CLEARWATE	ER. FL.	Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes the current year Inta	ngible		
24 33 7	55 25 PINELLAS	29 33755 30	PINELLA	Personal Property Tax.	☐ Yes ☐ No		
, , , , , , , , , , , , , , , , , , , ,	9. Name and Address of Current F	tegistered Agent		10. Name and Address of New Registered A	Agent		
VERNON, J. MARCUS > 577-80UTH DUNCAN AVENUE CLEARWATER FL 33756		81 Name  82 Street A	VERYON, J. MARCUS  ddress (P.O. Box Number is Not Acceptable)  1721 RAINBOW DR.				
			• • •	CLEARWATER FL	85 Zip Code 33 7 5 5		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
	Signature, typed or printed name of registered agent as		gistered Agent signature req		D. D. D. D. D. D. L.		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	CLEMange Addition		
TITLE	D	DELETE	1,1 TITLE	J. HARCUS VERYON	CasillarigeAddition		
NAME	VERNON, J. MARCUS		12 levine	1721 RAINBOW DR.	\ ·		
STREET ADDRESS	577 DUNCAN AVENUE SOUTH		1,0 OTTICET / IDDITECTO		\`\`\		
CITY-ST-ZIP	CLEARWATER FL-33756			CLEARWATER, FL 3	3755		
TITLE	•	☐ DELETE	2.1 TITLE		Change Addition		
NAME	,		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS					
CITY-ST-ZIP	·		2, 4 CITY-ST-ZIP	·			
TIZE		T DELETE	31 TITLE		☐ Change ☐ Addition		

CITY-ST-ZIP. 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 of 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 of 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 charges for on an attachment with an address, with all other like empowered.

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME 4,3 STREET ADORESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SNATURE REQUIRED

DELETE

☐ DELETE

DELETE

☐ DELETE

☐ Addition

Addition

Addition

☐ Change

☐ Change

☐ Change