PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90146 005 ***158.75

	1000								
DOCUMENT # P98000084417									
corporation	DRAL APARTMENTS CORP.	· - · ·							
OAI E O	ONAL A ATTIMENTO COM								
5	10	Nationa Address				KAT DENA SOLA	EN (EN)N ENDAN ENERN		
Principal Place		Mailing Address							
1505 SE 40TH CAPE CORAL F		1505 SE 40TH ST. SUITE C CAPE CORAL FL 33904			DO NOT WE	ITE IN TH	IS SPACE		
					3. Date Incorporated or Qualifed 09/30/1998	1			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			plied For	
21 17/0 2	E. CAPE COLAL P.	26 /710 E. CAPE	COLAL P	<u>. </u>				t Applicable	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	₽ď	\$8.75 A		
22		27 City 4 Ctata			C. Stantin Committee Singapine		\$5.00	<u> </u>	1
City & State		City & State	FLORI	-	Election Campaign Financing Trust Fund Contribution	<u></u>	Added (-
	COKAL, FLOKIDA	ZIO ZIO	Country	<i>N F</i> 1	8. This corporation owes the cu	Tent vear i			1
24 33 <u>9</u>		29 33904 30	7		Personal Property Tax.	, . •	Yes	□No	1
<u> </u>	9. Name and Address of Current F				10. Name and Address of New	Registere	d Agent]
			81 Name		_				
LA ROCCO, ROBERT J 1505 SE 40TH ST, SUITE C			82 Street	Addre	ss (P.O. Box Number is Not Accep	lable)			
CAP	E CORAL FL 33904		83						
1			84 City				. 85 Zip 0	Coda	i
			'			<u> </u>			1
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named	corpor	ration submits this statement for th	purpose of the app	of changing its pointment as re	registered gistered	
office or n agent, i a	to the provisions of Sections 607.0502 a agistered agent, or both, in the State of m familiar with, and accept the obligation	ns of, Section 607.0505, Florida	Statutes.	010101	a bodio di directora. Propinsi propinsi				1
SIGNATURE						DATE			۔ ا
	Signature, typed or printed name of registered agent a OFFICERS AND		gistered Agent signature : 13,	equired (ADDITIONS/CHANGES TO O		AND DIRECTO	RS IN 12	8
12.	PSTD	DELETE	1.1 TITLE	PS			Change	☐ Addition	80/1
NAME	LA ROCO, ROBERT J		1.2 NAME	I	EDLINGER, THOM	7 <			2
STREET ADDRESS	1505 SE 40TH ST, SUITE C		13 STREET ADDRESS		O EAST CAPE COL		wwy.		6
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CITY-ST-ZIP	CA	PE COLAL FL.	33904	1		Š
TITLE		☐ DELETE	2.1 TITLE		-		Change	☐ Addition	١٠
NAME	•		22 NAME						1
STREET ADDRESS			2.3 STREET ADDRESS	ļ					
CITY-ST-ZIP			2.4 CITY-ST-ZIP	<u> </u>			<u> </u>	I'' Addition	4
TITLE		☐ DELETE	3.1 TITLE				Change	Addition	
NAME			3.2 NAME						1
- STREET ALVOYERS	ļ- ,		3.3 STREET ADDRESS	ł					i
CITY-ST-ZIP		Danier	3.A. CITY-ST-ZIP	\vdash			[**] Change	Addition	7
TITLE		DELETE	4.1 TITLE				C)3-		
NAME .			4,2 NAME	_			-		İ
STREET ADDRESS			4.3 STREET ADDRESS	l					1
CITY-ST-ZIP		☐ DÉLETE	4.4 CITY-ST-ZIP 5.1 TITLE	\vdash			Change	Addition	7
TITLE			5.2 NAME				-		
NAME STREET ADDRESS			5 3 STREET ADDRESS						
1			5.4 CITY-ST-ZIP]
TITLE		☐ DELETE	6.1 TITLE	†			Change	☐ Addition	
NAME			6.2 NAME						1
STREET ADDRESS			6.3 STREET ADORESS						
and of the			8.4 CITY-ST-ZIP	1					1

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 occurate and that my signature shall have the same legal effect as if made under path; 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THO MAS KIFD LINGER 04-13-99 941-945-3895