[redacted] 1999.

AMOUNT DUE ON OR BEFORE 05/1/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
99 OCT 25 PM 2:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

9-8-99 900[illegible] 024
DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000084795 ✓

1. Corporation Name
HOUSE OF FLATS, INC.

Principal Place of Business	Mailing Address
1802 40TH TERRACE S.W. NAPLES FL 34116	1802 40TH TERRACE S.W. NAPLES FL 34116

3. Date Incorporated or Qualified: 10/02/1998

2. Principal Place of Business (21): 2a. Mailing Address (26)

Suite, Apt. #, etc. (22): Suite, Apt. #, etc. (27)

City & State (23): City & State (28)

Zip (24) / Country (25): Zip (29) / Country (30)

4. FEI Number: 59-3582930 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation owes the current year intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CRUZ, IRMINA
1802 40TH TERRACE S.W.
NAPLES FL 34116

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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] 7/22/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SDVT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CRUZ, IRMINA	1.2 NAME	
STREET ADDRESS	1802 40TH TERRACE S.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	1.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CRUZ, IRMINA	2.2 NAME	
STREET ADDRESS	1802 40TH TERRACE S.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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 changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 7/22/99
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OFFICER OR DIRECTOR Date Daytime Phone #