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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000093226 1. Corporation Name

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90147 045 ***150.00

י פוטטו	Properties, Inc.						
Principal Place	e of Business	Mailing Address					
		900 E. OCEAN BLVD. #B-21	0		ļ		
900 E. OCEAN BLVD. #B-210 900 E. OCEAN BLVD. #B-210 Stuart Fl 34994 Stuart Fl 34994							
, 0.0					DO NOT WRITE IN TH	HIS SPACE	
					3. Date Incorporated or Qualifed		
		2- Mailin - Address			11/03/1998 4. FEI Number	- An	plied For
2. Principal Pi	lace of Business	A TIC.			4. FEI Number	,	t Applicable
21 Suite Ant	ELIDIS Properti	#2 16 ite. Apt. #. etc	·		5: Certificate of Status Desired		
22	3340 SE Federal HW	9727	Ç (5. Certificate of Status Desired	Fee Re	quired
City & State	Place of Business #GUDIS Proparties 729 3340 SE Federal Hwy., #2 Unite, Apt. #, etc				6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	ا بر
24	25		30		Personal Property Tax.		No
ļ	9. Name and Address of Curro	ent Registered Agent	81	Name	10. Name and Address of New Registere	ed Agent	
НАВ	VIN, WESLEY R -		01	Name			
	E. OCEAN BLVD. #B-210		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	ART FL 34994		83	<u> </u>			
310	Ani FE 34994		63				
	, ·		84	City		L 85 Zip C	Code
44	to the associations of Continue 607.06	EO2 and EO7 1509 Elorida Statuto	e the above	e-named com	oration submits this statement for the nurnose	of changing its	registered
l office or re	registered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida, Such change was au	tnorized by	tne corporation	on's board of directors. I hereby accept the ap	pointment as req	gistered
							ĺ
SIGNATURE	Clanature, broad or printed name of registered as	pent and title if applicable (NOTE:			d when reinstating) DATE		
	Signature, typed or printed name of registered as	gent and title if applicable (NOTE:			d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
SIGNATURE 12.	OFFICERS A	·	Registered Ager			AND DIRECTO	RS IN 12
12.	OFFICERS A	AND DIRECTORS	Registered Ager				
12.	OFFICERS A	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME				
12. TITLE NAME	OFFICERS A D NELSON, TERRY A	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature requirer		☐ Change	☐ Addition
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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 on powered 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP