PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000095017

1. Corporation Name

FOREST COVE AT 195 & SR44 INTERCHANGE AT NEW SMY RNA, INC.

Finicipal Flace of Duestices
AGE COUTH MANTEAND AND
235 SOUTH MAITLAND AVE
A

May 07, 1999 8:00 am Secretary of State

05-07-1999 90068 006 ***150.00



Principal Place	of Business	Ma	ailing Address							, , , , , , , , , , , , , , , , , , , ,
235 SOUTH MA	ITLAND AVE	23	5 SOUTH MAITLAND AVE	٠						
SUITE 216			SUITE 216				DO NOT WRITE IN THIS SPACE			
MAITLAND FL 3	32751	MA	MAITLAND FL 32751				Date Incorporated or Qualifed	E IN TITIO	OI AOL	
							11/09/1998			
	4 December 2	1.2-	Mailian Addrage				4. FEI Number		Δ.Δ.	oplied For
	lace of Business	\vdash	. Mailing Address				4. TET Number			ot Applicable
21			Suito Apt # atc						Additional	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired			equired
City & State			City & State				6. Election Campaign Financing		\$5.00	May Re
City & State			28				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	20	Zip	Cou	intry		8. This corporation owes the curre	nt vear Int		
24	25	29		a	·		Personal Property Tax.	,	☐ Yes	No
Z#	9. Name and Address of Current			<u> </u>	Ι		10. Name and Address of New Ro	gistered .	Agent	
					81	Name				
WAL	KER, BERRY J JR			82	Street Ada	ress (P.O. Box Number is Not Acceptal	nle)			
235 SOUTH MAITLAND AVE						Olleet Add	iless (F.O. Bux Nulliber is 140t Accepted	,,,		
SUITE 216					83		•		4575	regi jearje,
MAIT	TLAND FL 32751						<u> </u>		oc Zin	Code,
					84	City	. •	FL	85 20	Code at the
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statutes	, the a	bove	e-named corp	poration submits this statement for the p	urpose of	changing its	s registered
office or r	egistered agent, or both, in the State of	of Florid	da. Such change was auti	horized Ia Stati	l by	the corporat	ion's board of directors. I hereby accept	the appoi	ntment as re	egisterea
	III sallillias Widthard accept the obligat	0113 01	- RERRY J.		ıl a	IUSR	, JR	4/2	9/99	· [
SIGNATURE	Signature, typed or printed name of registered agent	and title		egistered	Agen	t signature requir	ed when reinstating)	DAE	/ -	
12.	OFFICERS AN	D DIRE		13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	D		☐ DELETE	1.1 TI	TLE				Change	☐ Addition
NAME	WALKER, BERRY J JR				AME					
STREET ADDRESS	A STATE OF THE STA				TREET	ADDRESS				}
CITY-ST-ZIP	MAITLAND FL 32751			1.4 CI	TY-S1	r-zip				
TITLE			☐ DELETE	2.1 TI	TLE				Change	Addition
NAME				2.2 N	AME	1				
STREET ADDRESS				2.3 ST	TREET	ADDRESS				_
CITY-ST-ZIP				2.40	ITY-S	T-ZiP				
TITLE			☐ DELETE	3.1 TI	TLE				Change	☐ Addition
NAME				3.2 N	AME					
STREET ADDRESS				3.3 S1	TREET	ADDRESS				į
CITY-ST-ZIP				3.4. C	ITY-S	T- ZIP				
TME			☐ DELETE	4,1 75	TLE				Change	☐ Addition
NAME				4. 2 N	IAME					
STREET ADDRESS				4.3 S	TREET	ADDRESS				}
CITY-ST-ZIP				4.4 CI	ITY- \$1	T-ZIP				
TITLE			☐ DELETE	5.1 TI					Change	☐ Addition
NAME				5.2 N	AME					
STREET ADDRESS				5.3 S	TREET	ADDRESS				Ì
CITY-ST-ZIP				5.4 CI	ITY-S1	T-ZIP				
TITLE			☐ DELETE	6.1 TI	TLE				☐ Change	☐ Addition
NAME				6.2 N	AME					
STREET ADDRESS				6.3 S	TREET	T ADDRESS				
	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 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, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

BERRY J. WALKER, JR.