

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 # P98000095985

1. Corporation Name

JEANE KING REALTY INC.

Principal Place of Business

Mailing Address

C/O W. J. TREMBLAY, P.A.
1801 S. FEDERAL HWY., STE. 219
DELRAY BEACH, FL 33483

C/O W. J. TREMBLAY, P.A.
1801 S. FEDERAL HWY. STE
DELRAY BEACH, FL 33483

219 DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1998

4. FEI Number
65-0878127

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 W. J. TREMBLAY, P.A.

2a. Mailing Address

26 W. J. TREMBLAY, P.A.

Suite, Apt. #, etc.

22 1801 S. FEDERAL HWY. STE 219

Suite, Apt. #, etc.

27 1801 S. FED. HWY. STE. 219

City & State

23 DELRAY BEACH, FL

City & State

28 DELRAY BEACH, FL

Zip

24 33483

Country

25 PALM BEACH

Zip

29 33483

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

W. J. TREMBLAY, P.A.
1801 S. FEDERAL HWY., STE. 219
DELRAY BEACH, FL 33483

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D PST ☒ DELETE
NAME JEANE D. KING
STREET ADDRESS 1801 S. FED. HWY., STE. 208
CITY-ST-ZIP DELRAY BEACH, FL 33483 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 000003034120--0
1.3 STREET ADDRESS -11/03/99--01069--003
1.4 CITY-ST-ZIP *****61.25 *****61.25

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME D PST
2.3 STREET ADDRESS W. J. TREMBLAY
2.4 CITY-ST-ZIP 1801 S. FED. HWY., STE. 219
DELRAY BEACH, FL 33483 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME MARGARET L. HAGGAR
3.3 STREET ADDRESS 2001 BRINSON RD. APT. # 405
3.4 CITY-ST-ZIP LUTZ, FL 33459 ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS KE
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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.

SIGNATURE: W. J. Tremblay, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/1999 (561) 265-1555

Date

Daytime Phone #

CR2E034 (11/98)