PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOCOCOCO

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90060 028 ***150.00

1. Corporation	Name THE PROPERTY OF THE PROPE					•		
	ENT 23, INC.							
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Dringing Plan	o of Business	Mailing Add	Iress			-	II ab iir aalii abjia is	1915 1 1515 1 91 03
Principal Place		-		TE 410				
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- I LAULENVALE	E FL 33306	FT ENGDEROR	FI ENGLERENCE PE SACO			DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualifed		}
						12/30/1998		
2. Principal P	Place of Business	2a. Mailing	Address			4. FEI Number	_ Ap	plied For
21		26		_	·	65 - 0890725		Applicable
Suite, Apt.	#. etc.	Suite, A	pt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27						<u></u>
City & Stat	te	City & S	State			6. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be
23		28	= <u> 54</u>					0 F065
Zip	Country	Zip	r:	Country		This corporation owes the current year Personal Property Tax.	nnangibie ∏Yes	XNo
24		29		:0		10. Name and Address of New Register		
	9. Name and Address of Cur	rrent Registered Ag	ent	81	Name	IV. Heline alla Addiess Vi item itefficial		
CAME	eron, cara e			82	\			
	E COMMERCIAL BLVD STE 4	110			Street Addr	ress (P.O. Box Number is Not Acceptable)	er is Not Acceptable)	
FT LAUDERDALE FL 33308								
	TOO ELIN TOPE E GODON			83			1-1	
							65 Zip (Code
11. Pursuant office or ragent. I a					e-named corp the corporation	oration submits this statement for the purpose on's board of directors, I hereby accept the ap	a of changing its ipointment as re	1
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SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS D PIRKER, STEPHANIE 4420 N E 23 AVE	agent and 60s if applicable. AND DIRECTORS	(NOTE: R	s, the above thorized by da Statutes tegistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET	e-named corporations of signature required TADDRESS	coration submits this statement for the purpose on's board of directors. I hereby accept the ap	a of changing its pointment as re-	registered gistered
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-5T-ZIP	Signature, typed or printed name of registered OFFICERS D PIRKER, STEPHANIE 4420 N E 23 AVE	agent and 60s if applicable. AND DIRECTORS	(NOTE: R	s, the above thorized by da Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	e-named corporations of signature required TADDRESS	coration submits this statement for the purpose on's board of directors. I hereby accept the ap	a of changing its pointment as re-	registered gistered RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-57-24P TITLE	OFFICERS D PIRKER, STEPHANIE 4420 N E 23 AVE FT LAUDERDALE FL 33308	agent and 60s if applicable. AND DIRECTORS	(NOTE: R	s, the above thorized by la Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	e-named corp the corporation of signature required T ADDRESS	coration submits this statement for the purpose on's board of directors. I hereby accept the ap	a of changing its pointment as re-	registered gistered RS IN 12
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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 ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in imen; with an address, with all other like empowered.