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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S18716

 Corporation 	NAME PROPERTIES INC.	•					
Principal Place	e of Business	Mailing Address					949(1 BIBN 1891
523 LAKE AVENUE LAKE WORTH FL 33460		523 LAKE AVENUE LAKE WORTH FL 33460		DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed		
					12/10/1990		
2. Principal Pl	lace of Business	2a. Mailing Address		_	4. FEI Number	A	oplied For
21		26			65-0231955		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	~	Additional
22		27	<u> </u>				equired
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Count	ry	This corporation owes the current year Personal Property Tax.	ar Intangible	□No
24	9. Name and Address of Currer	1-7	301		10. Name and Address of New Registe	ered Agent	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curren	it vedisteren våent	8	1 Name		<u> </u>	
	WN, DONALD S.			2 Street Add	ress (P.O. Box Number is Not Acceptable)		<u> </u>
	Lake avenue E worth FL 33460		8	3			
			8	4 City		85 Zip	Code
				<u> </u>		FL SS ES	
- I.I. Pursuam	to the provisions of account our total	72 and 001.1500, 1.101100 Gratuite	3, 110 abc	re named corp	1	annointment as re	egistered
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligation of the state o	soon Done	4/15	es. Broughest signature require	ed when reinstating) DA1	2/59	
agent. i a	m ramiliar with, and accept the obligation of the state o	and title if applicable. (NOTE:	4/15	Brow	3/2:	S AND DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	int and title if applicable. (NOTE:	G / J S Registered A	ent signature require	ad when reinstating) DAT	2/59	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN DP BROWN, DONALD S.	and title if applicable. (NOTE:	Registered A 13. 1.1 TITLE	ent signature require	ad when reinstating) DAT	S AND DIRECT	ORS IN 12
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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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/9 586/16

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90037 022 ***150.00