Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90093 013 ***150.00

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

1. Corporation Name

ANDUM REAL ESTATE MANAGEMENT CORP.

Principal Place	e of Business	Malling Address				
1900 N. FEDERAL HIGHWAY 1900 N. FEDERAL HIGHWAY						
BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435			135			DO MOT MIDITE IN THIS ODA OF
US						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 02/26/1991
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21 26					59-3053646 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional	
22	the same same of the	27	27]			5. Certificate of Status Desired Fee Required
	City & State City & State					6. Election Campaign Financing \$5.00 May Be
23	28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Col	untry		8. This corporation owes the current year Intangible
24	25	29 30				Personal Property Tax. ☐ Yes ☐ No
9. Name and Address of Current Registered Agent				T		10. Name and Address of New Registered Agent
				81	Name	
WATKINS, RAYMOND				B2 Ctroot Address		Luca (D.O. Bou Mushos is Not Accordable)
1900 N. FEDERAL HIGHWAY			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
BOYNTON BEACH FL 33435			83			
				L.		
				84	,	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						
ļ	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				nt signature requir	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
TITLE	D	DELETE	1.1 ↑			Change
NAME	With the state of		IAME			
STREET ADDRESS	TOO TOO THE CONTRACT OF THE CO		TREE	TADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		1.4 0	ITY-S	T-ZIP	
TITLE	V	☐ DELETE	2.1 7	ITLE		☐ Change ☐ Addition
NAME	WATKINS, ILONA 22N		AME			
STREET ADDRESS	EET ADDRESS 1900 N FEDERAL HWY 23.9		TREE	TADDRESS		
CITY-ST-ZIP			CITY-S	T-ZIP	and the second s	
TITLE		☐ DELETE	3.1 T			☐ Change ☐ Addition
NAME			IAME			
			TADDRESS	- "		
CITY-ST-ZIP 3.4.C		CITY-S	ST-ZIP			
TITLE .		☐ DELETE	4.1 7			☐ Change ☐ Addition
NAME			4 21	VAME		

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 address, with all other like empowered.

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

DELETE

DELETE

561 737 0763

Addition

Addition

☐ Change

☐ Change