1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90158 034 ***150.00

DOCUMENT # S40371

SENTRY REALTY & PROPERTY MANAGEMENT, INC.

								<u> </u>		AL LIAN		BAL BURN IBBA
Principal Place of Business Mailing Address									•••			• •
13780 SW 56TH ST.			14348 SW 98TH TER									
#206			MIAMI FL 33186-1146					DO NOT MUITE IN THIS SPACE				
MIAMI FL 33175			US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
US								l **				
			Aution Address					03/21/1991 4 FEI Number		$\neg \neg$	TAR	lied For
 ; ·	ace of Business	$\overline{}$	Mailing Address					"		F	<u> </u>	Applicable
21	#	26	With Ant # ata					65-0257450		ŧο		dditional
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certifcate of Status Desired			ee Rec	
22			City & State									
City & State	•	-	illy & State					6. Election Campaign Financing Trust Fund Contribution			dded to	May Be
23	Country	28	ip.	Cou	ntn/							
Zip	Country	<u> </u>	ıβ	Country 30				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
24	25	29	rod Agent	30	_			10. Name and Address of New	Registered A			
	9. Name and Address of Currer	it Kegistel	led Agent		81	N:	ame	10. Italie and Address of New Registered Agent				
BROUILLETTE, JOHN E.												
14348 SW 98TH TERR.						Str	reet Addres	ddress (P.O. Box Number is Not Acceptable)				
MIAM! FL 33186			-			₩						
(AITC/AIA	11 1 2 33 100				83	1						
					84	Cit	ity			85	Zip C	ode
						<u></u>			<u> </u>	لــــــــــــــــــــــــــــــــــــــ		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida.	. Such change was a	authorized	vd t	the (med corpor corporation	ration submits this statement for the 's board of directors. I hereby acce	pt the appoir	itment	as reg	istered
SIGNATURE												•
	Signature, typed or printed name of registered age	int and title if ap	oplicable (NOT	E: Registered	Agen	nt signs	ature required w	when reinstating)	DATE			
12.	OFFICERS AN	1D DIRECT	rors	13.				ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	PD		☐ DELETE	1.1 TI	TLE		1			Ch	ıange	☐ Addition
NAME	Brouillette, John E.			1.2 N	AME							
STREET ADDRESS	14348 SW 98TH TERR.			1.3 S	TREET	T ADDF	RESS					
CITY-ST-ZIP	IAMI FL		1.4 CI	1.4 CITY-ST-ZIP								
TITLE	VST	DELETE 2.		2.1 TI	2.1 TITLE					다	nange	☐ Addition
NAME	BROUILLETTE, GABRIELA E.			2.2 N	2.2 NAME							
STREET ADDRESS	4348 SW 98TH TERR.		2.3 S	2.3 STREET ADDRESS		RESS						
CITY-ST-ZIP	MIAMI FL			2 4 0	2 4 CiTY-ST-ZIP							
TITLE				_	3.1 TITLE						hange	☐ Addition
NAME				3.2 N	AME		ļ					
STREET ADDRESS					3.3 STREET ADDRESS							
					3.4. CITY-ST-ZIP		1					
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TI		71-21	-			ПС	hange	Addition
NAME							İ				•	_
				4. 2 NAME 4.3 STREET ADDRESS		DECC						
STREET ADDRESS	ı			1			l					
CITY-ST-ZIP			☐ DELETE		TY-\$1	T-ZIP		·	-	ПС	hange	☐ Addition
TITLE			□ pere≀e	5.1 TI 5.2 N							io.igo	
NAME						TADD	arce l					
STREET ADDRESS						TADDF						
CITY-ST-ZIP						T-ZIP		<u> </u>				☐ Addition
TITLE			☐ DELETE	6.1 TI						ЦИ	hange	☐ Addition
NAME	ı			62 N								
STREET ADDRESS				6.3 S	TREET	TADDE	RESS					

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: