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

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90092 023 ***150.00



WHITE DOVE APTS., INC. Principal Place of Business Mailing Address 241 PARK BLVDS 241 PARK BLVDS VENICE FL 34255 VENICE FL 34285 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed

					04/01/1991		
Principal Place of Business 2a. Mailing Address			-		4. FEI Number	Ar	plied For
21 ZIH P	MK Blub, Sam	26 Z41 DARL 13	100.	Same	65-0257762	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	\$8.75 / Fee Re	Additional equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	• •	to Fees
Zip	Country	Zip Country			8. This corporation owes the current year Int	tangible	
24	25	29 30	7		Personal Property Tax.	Yes	₽No _
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
DUFF, ERNEST A				82 Street Address (P.O. Box Number is Not Acceptable)			
241 PARK BLVDS					PARK BIND S.		
APT. #208				·			
VENICE FL 34255			100			OF 7in	Code
			84	City	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes,	the abov	e-named corpo	ration subjects this statement for the purpose of	changing its	registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation subfats 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	E. DUF			1. /10	el m	will	1/99
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature required			7.77
12.	OFFICERS ANI		13. /		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D □ DELETE 1.1 TIT		1.1 TITLE			☐ Change	Addition
NAME	DUFF ARLENE C 12N		1.2 NAME				
STREET ADDRESS	241 PARK BLVD S		1.3 STREE	T ADDRESS			ĺ
CITY-ST-ZIP	VENICE FL 34255		1.4 CITY-ST-ZIP				
TITLE	D DELETE 2.1 T		2.1 TITLE			☐ Change	Addition
NAME	DUFF, ERNEST A 22N		2.2 NAME				
STREET ADDRESS	241 PARK BLVD S 238		2.3 STREE	TADORESS			}
CITY-ST-ZIP	VEHICL I'C O'ILOU		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE 3.1 TI				Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			ļ
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				ş
STREET ADDRESS			4.3 STREE	T ADDRESS			1
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	}		Change	Addition

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not goalify 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 further certify that I am an officer or director of the corporation or the receiver or further certify that I am an officer or director of the corporation or the receiver or further certify that I am an officer or director of the corporation or the receiver or further certify that I am an officer or director of the corporation or the receiver or further certify that I am an officer or director of the corporation or the receiver or further certify that I am an officer or director of the corporation or the receiver or further certify that I am an officer or director of the corporation or the receiver or further certify that I am an officer or director of the corporation or the receiver or further certify that I am an officer or director of the corporation or the receiver or further certify that I am an officer or director of the corporation or the receiver or further certification of the receiver of the corporation or the receiver or further certification of the corporation or the receiver or further certification of the corporation or the receiver or further certification of the corporation of

5.2 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Change

Addition