## 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

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90195 016 \*\*\*150.00

Corporation Name     MAGNOLIA PA	rk properties,	_								
Principal Place of Business Mailing Address						F SOURTHOND THE BANKED HERDEN STATE BOOK BONKS HERES BOOK BEING BONKS ALBERT BONKS ALBERT BONKS ALBERT BONKS A				
1253 PARK STREET CLEARWATER FL 34616			1253 PARK STREET CLEARWATER FL 34616				DO NOT WRITE IN TH	IS SPACE		
						3. Date incorporated or Qualifed 05/10/1991				
2. Principal Place of B	usiness	2a.	2a. Mailing Address			4.	FEI Number 59-3/8/164		Applied For	
21		26	26				WOT APPLICABLE		Not Applicable	
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5.	Certificate of Status Desired		'5 Additional Required	
City & State		28	City & State			6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	29	Zip Co 30	Country 30		8.	This corporation owes the current year I Personal Property Tax.	ntangible Yes	□No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
WARD, R. CARLTON 1253 PARK STREET CLEARWATER FL 34616					Name Street Add	lress (P	O. Box Number is Not Acceptable)			

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

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City

office or r agent. I a	egistered agent, or both, in the State of Florida. Such change with familiar with, and accept the obligations of, Section 607.0505,	as authorized by the corporati Florida Statutes.	ion's board of directors. I flereby accept the appoin	nineni as reg	IISIGIGU
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. ((	NOTE: Registered Agent signature require	and when reinstating) DATE		
12,	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	D1P DELETE			☐ Change	Addition
NAME	WARD, CARLTON R	1.2 NAME			
STREET ADDRESS	ACCO DADY OF	1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP			
TITLE	DT DELETE			Change	Addition
NAME	RUXTON, D. S	2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP	LUXEMBOURG FL	2, 4 CITY-ST-ZIP			
TITLE	S DELETE	E 3.1 TITLE		Change	☐ Addition
NAME	PALLOT, ROSEMARY	3.2 NAME			
STREET ADDRESS	A POLICE TO POLICE TO A LOCAL	3.3 STREET ADDRESS			
CITY-ST-ZIP	LUXEMBOURG FL	3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	E 4.1 TITLE		☐ Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	E 5.1 TITLE		Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	□ DELETE	E 6.1 TITLE		☐ Change	Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CVT/ OT 700		64 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 of the receiver cyclrustee 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 attackment with an address, with all other like empowered.

SIGNATURE:

Zip Code

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