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## 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 # \$62658**

1. Corporation Name								
PETER S	SPRAITZ HOMES, INC.				1 (MAGESTA 218 PERSON SINGLE		ACCEPANT ALBERTA	1011 018)) 1881
Principal Place	of Rusinese	Mailing Address	<del>_</del>			TYRK (OUR OTHER OF	Att Blan Bibit Bi	ALL BURN (BR
• •		2184 LONGBOAT DR						
2184 LONGBOAT DR 2184 LONGBOAT DR NAPLES FL 34104 NAPLES FL 34104								
US US				1	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifect	i		
		On Mariling Address			06/27/1991 4. FEI Number	<del></del>	Apr	olied For
2. Principal Pi	ace of Business	2a. Mailing Address	ordon Pr		65-0268067			Applicable
Suite, Apt.	# elc	26 /895 £ - (-) Suite, Apt. #, etc.	TO COUNTY	`			\$8.75 A	
2	, do.	27			5. Certifcate of Status Desired		Fee Rec	
City & State City & State			<del>,                                    </del>	£-3	6. Election Campaign Financing		\$5.00	May Be
3 Naples Florida 28 Naples FL			/ 		Trust Fund Contribution	<u> </u>	Added to	Fees
Ziρ	Country	Zip	Country		8. This corporation owes the cur	rrent year Inta		
43410		29 34102 30	0 USA		Personal Property Tax.	D t- to ma el		□No
	9. Name and Address of Current	t Registered Agent	81 Name (	$\overline{}$	10. Name and Address of New	Registered /	Agent	
CDDAIT7 M DETER				Þρ	proute, M. Peter			
2184 LONGBOAT DR					s (P.O. Box Number is Not Accep	table)		
NAP:	83	<u> 195</u>	E. Gordon 1.	<u> </u>				
1474	2012 00042							
			84 City	1 1.		FL	85  Zig C	ode
11 Pursuant	the above-named	corpor	ation submits this statement for the	e purpose of	changing its r	registered		
office or r	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was auth	orized by the corpo	oration	's board of directors. I hereby acce	ept the appoir	itment as reg	jistered
	m familiar with, and accept the obligat	lions of, Section out 10303, Florid	a diameter.					
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Re	egistered Agent signature re	equired w		DATE		
12.	· · · · · · · · · · · · · · · · · · ·	D DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	PD	☐ DELETE	1.1 TITLE				· ☑ Change	☐ Addition
NAME	SPRAITZ, M. PETER		1.2 NAME	100	at & Gordon An.			
STREET ADORESS	2184 LONGBOAT DR		1.3 STREET ADDRESS	10	15 € Gordon Dr. aples, FL 34102			
CITY-ST-ZIP	NAPLES FL 34104	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	700	140 (2) - 11 · 2		Change	Addition
TITLE	S CODAITY CINDVE		2.2 NAME	)			_ • •.	_ }
NAME.	SPRAITZ, CINDY F 2184 LONGBOAT DR		2.3 STREET ADDRESS	بريس ا	E E Carlos Pr			
STREET ADDRESS	NAPLES FL 34104		2. 4 CITY-ST-ZIP	184.	5 E Gordon Ar iples, FL 34100			
CITY-ST-ZIP	VP	DELETE	3.1 TITLE	L c				Addition:
NAME	SPRAITZ, ROSS		3.2 NAME	`				
STREET ADDRESS	1540 BLUEPOINTE AVE APT. #	¥1	3.3 STREET ADDRESS					Ì
CITY-ST-ZIP	NAPLES FL 34102		3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	•		4. 2 NAME					-
STREET ADDRESS			4.3 STREET ADDRESS	}				}
CITY-ST-ZIP			4.4 CITY-ST-ZIP					(T) Astron
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME	,		5.2 NAME	<b> </b>			•	
STREET ADDRESS	•		5.3 STREET ADDRESS					
C/TY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	<del> </del>			☐ Change	Addition
TITLE		□ NETE 15	6.2 NAME				T 21/01/90	_,
NAME			6.3 STREET ADDRESS					
STREET ADDRESS				1				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINCEOOR

4-1-99

941-643-1967