Mailing Address

326 WINDRUSH BLVD

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S62661

Principal Place of Business

309 GULF BLVD

SUITE 309

IMPERIAL REAL ESTATE & RENTALS, INC.

INDIAN ROCKS	BEACH FL 33785	INDIAN ROCKS BEACH FL 33	DIAN ROCKS BEACH FL 33785		DO NOT WRITE IN THIS SPACE	
US		U\$	-	. • • •	3. Date Incorporated or Qualified 06/27/1991	
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For	
21		26			<b>59-3072533</b> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬ ' '		5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	City & State	ty & State		6. Election Campaign Financing \$5.00 May Be		
23		28	]		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	
24 25 29			30		Personal Property Tax. Yes XNo	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
				81 Name		
BARTELMAY, SANDRA K 309 GULF BLVD INDIAN ROCKS BEACH FL_33709 ろうてきち			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
			"	Still Control of the		
			83			
		<u> </u>		as Zin Code		
			84	City	FL 85 Zip Code 3 3 7 8 5	
office or re agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida, Such change was auto this of, Section 607.0505, Florid	norized by la Statutes	tne corpor	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered agent			nt signature req	dones when terraced	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST CANDDA K	☐ DELETE	1.1 TITLE		Contraction of the contraction o	
NAME	BARTELMAY, SANDRA K		1.2 NAME	1		
STREET ADDRESS			1.3 STREE	TADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		1.4 CITY-S	T-ZIP	C Change D Addit	
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Additi	
NAME	BARTELMAY, SANDRA K		2.2 NAME	Į		
STREET ADDRESS			2.3 STREET ADDRESS		•	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		2.4 CITY-5	ST-ZIP		
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NAME			3.2 NAME	Į		
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CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		
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NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	TADDRESS		
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NAME			5.2 NAME		•	
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY- S	T-ZIP		
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NAME	• •		6.2 NAME	- 1	•	
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-S	ST-ZIP	•	
44 I horoby o	certify that the information supplied wit	h this filing does not qualify for t	he exemp	ion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated officer or a	on this annual report or supplemental.	annual report is true and accura ver or trustee empowered to exe	ate and tha ecute this r	it my signa eport as re	equire shall have the same legal effect as it made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in	

**FILED** 

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90067 033 \*\*\*158.75

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