FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S72989

1. Corporation Name

ANN CLARK REALTY CORPORATION

Principal Place of Business Mailing Address									
9951 ATLANTIC	BLVD	9951 ATLANTIC BLVD	ATLANTIC BLVD						
STE 222		STE 222				DO NOT WRITE IN THIS SPACE			
JACKSONVILLE FL 32225 JACKSONVILLE F			32225			3. Date Incorporated or Qualifed			
US US						08/13/1991			
		L a				4. FEI Number			Applied For
—	ace of Business	2a. Mailing Address				59-3078052		-	Not Applicable
21		Suite Ant # etc				39-307-8032		\$8.7	5 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Required
22		City & State				a Floring Compaign Financian			May Be
City & State		⊢ '			Election Campaign Financing Trust Fund Contribution			ed to Fees	
23	Country	Zip Country				8. This corporation owes the curre	ent voor Intar		
Zip			¬ ⁻ '			Personal Property Tax.		Yes	□No
24	25		<u>'l</u>			10. Name and Address of New R			
	9. Name and Address of Current	redistated Adeitt	81	1 N	ame	TO. ITALIA DI TALIA			
CLARK, ANN L.									
	ATLANTIC BLVD., STE 222		2 S	treet Addre	ss (P.O. Box Number is Not Accepta	ble)			
	(SONVILLE FL 32225			-					
المحرا	CONTROLL 1 E OLLEO		83	۱"					
	•		84	4 C	ity		FL.	85 Z	ip Code
44 5		and 607 4509 Elorida Statutae	the abou	Ve-03	amed corno	ration submits this statement for the	nurnose of c	nanging	its registered
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 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 Statutés.									
SIGNATURE Signature typed or grinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
AND DIPERSON				ent siği	natura required	ADDITIONS/CHANGES TO OFF		DIREC	TORS IN 12
12.	D OFFICERS AND	DELETE	1.1 TITLE		- $$	7,00111011070111111020110111		Chan-	
i	CLARK, ANN L.		1.2 NAME						
NAME	9951 ATLANTIC BLVD, STE. 222		1.3 STREE		npres				ţ
STREET ADDRESS	•								
CITY-ST-ZIP	JACKSONVILLE FL 32225	☐ DELETE	1.4 CITY- 2.1 TITLE					Chan	ge 🗍 Addition
TITLE			ŀ					_	, –
NAME	HEBERT, ROBIN E.		2.2 NAME						i
STREET ADDRESS	8995 S.W. IOWA DRIVE		2.3 STRE		1				
CITY-ST-ZIP	TUALATIN OR 97062	- Capelette	2. 4 CITY-		P			Chan	ge Addition
· TITLE		ت ≃⊠ DELETE -	3.1 TITLE		Ì	-			go [_]/,00(,10
NAME	* .		3.2 NAME						l
STREET ADDRESS			3.3 STRE	ET ADC	DRESS				1
CITY-ST-ZIP			3.4. CITY-		Р			Chr-	no D Addition
TITLE		☐ DELETE	4.1 TITLE					☐ Chan	ge 🗋 Addition
NAME			4. 2 NAME	Ę	f				
STREET ADDRESS			4.3 STRE	ET ADI	DRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIF	P				
TITLE	.	DELETE	51 TITLE					Chan	ge
NAME			5.2 NAME						Ţ
STREET ADDRESS			5.3 STRE	ET ADI	DRESS				
C/TY-ST-ZIP			5.4 CITY-		P				
ΠΙLE		☐ DELETE	6.1 TITLE					Char	ge 🔲 Addition
NAME			6.2 NAME	•					
STREET ADDRESS	Į		6.3 STRE	ET AD(DRESS				}
	1								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 of or an attachment with an address with all other like empowered.

SIGNATURE:

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90084 036 ***150.00

CR2E034 (11/98)