## 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 # CO1512

<ol> <li>Corporation</li> </ol>	ROPERTIES, INC.						
Principal Place of Business Mailing Address					2 lestidia ita letti itadi diret itada (ili, 8/8), s	#1871 WIERT BIERT B	1911 S1811 (SSI
1646 ROGERO RD  -JACKSONVILLE FL 32211  US  1646 ROGERO RD  JACKSONVILLE FL 32211  US  US					DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE	
					11/01/1991		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apı	olied For
21		26			59-3100414	No	Applicable
Suite, Apt.	<u> </u>				5. Certifcate of Status Desired	\$8.75 A Fee Re	
22		27					
City & State	B	City & State			6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> Added t	
Zip 24	Country Zip Cou			ry	This corporation owes the current year In Personal Property Tax.	tangible □ Yes	□No
	9. Name and Address of Current	<u> </u>			10. Name and Address of New Registered	Agent	
( ) ( ) ( ) ( )				1 Name			
YARBROUGH, MICHAEL 1646 ROGERO RD			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
	(SONVILLE FL 32211		8	3			
				4 City		85 Zip C	Code
				'	FL	_       '	
office or reagent. I as	egistered agent, or both, in the State of marrillar with, and accept the obligated Signature, typed or printed name of registered agen	ions or, Section 607.0303, Florid	a Statute	<b>29.</b>	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint of the purpose of t		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PST	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	YARBROUGH, MICHAEL		1.2 NAM				
STREET ADDRESS	1646 ROGERO RD			ET ADORESS			
CITY-ST-ZIP			1.4 CITY		The state of the s	Change	[ ] Addition
TITLE			2.1 111LE				
NAME	YARBROUGH, MICHAEL 1646 ROGERO RD			ET ADDRÉSS			
STREET ADDRESS				- ST-ZIP			1
CITY-ST-ZIP TITLE			3.1 TITLE			Change	Addition
NAME		<del>_</del>	3.2 NAM	E			
STREET ADDRESS			3.3 STRE	ET ADDRESS			}
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME		-	4. 2 NAM				
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP		☐ DELETÉ	4.4 CITY			Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAM				
NAME				EET ADDRESS			İ
STREET ADDRESS			5.4 CITY				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAM	E			
STREET ADDRESS.			6.3 STRE	EET ADDRESS			f

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:

CITY-ST-ZIP

904.745-0045

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90017 041 \*\*\*150.00