

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

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90019 024 ***150.00

UNCORRECTED

NON-PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V19523**

1. Corporation Name
PRISTINE REALTY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**5475 SHIRLEY ST
 STE. 2
 NAPLES FL 34109
 US**

Mailing Address
**5475 SHIRLEY ST
 STE. 2
 NAPLES FL 34109
 US**

3. Date Incorporated or Qualified
03/06/1992

4. FEI Number
65-0318293

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Country

9. Name and Address of Current Registered Agent

**GODE, LARRY J.
 494 SEAGULL AVE
 NAPLES FL 34108**

10. Name and Address of New Registered Agent

81 Name **Gode, Larry J.**

82 Street Address (P.O. Box Number is Not Acceptable)
9566 Gulfshore Dr. PH#4

83

84 City **Naples** FL 85 Zip Code **34108**

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 Statutes.

SIGNATURE *Larry J. Gode*

DATE **1-19-99**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	GODE, LARRY J.	494 SEAGULL AVE	NAPLES FL 34108	<input type="checkbox"/>
D	GODE, MARCELENE ANN	494 SEAGULL AVE	NAPLES FL 34108	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
D	Gode, Larry J.	9566 Gulfshore Dr. PH#4	Naples, FL 34108	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Gode, Marcelene ANN	9566 - Gulfshore Dr. PH #4	Naples, FL 34108	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *Larry J. Gode* **1-19-99** **941-591-4231**

CR2E034 (1/198)