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 # V65218

1. Corporation Name

P & D PROPERTIES, INC.

Principal Place of Business	
40044 LIN 4 405 DILLO	

Mailing Address

13015 VILLAGE REVO

May 04, 1999 8:00 am Secretary of State

05-04-1999 90085 050 ***150.00



MADEIRA BEAC		MADEIRA BEACH FL 337	08		
US		US		DO NOT WRITE I	N THIS SPACE
	• /			 Date Incorporated or Qualifed 09/17/1992 	
2. Principal P	lace of Business	2a. Mailing Address		4, FE! Number	Applied For
21 1301	5 Pelican Ln	26 PO Bex	8400	59-3149590	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State Madeira	Beh FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 2 2 C	Country 30 Pine //a	8. This corporation owes the current	year Intangible ☐ Yes X No
24 <i>3370</i>	78 25 Pinellas		30 Pinella	S Personal Property Tax. 10. Name and Address of New Regis	
	9, Name and Address of Curre	nt Registered Agent	81 Name		ereten våenr
MAN	CAREV RETERIC		81 Name	Peter Malsadey	·
WALCONDET, I ETELLI G. 82) Street Address (P.O. Box Number is Not Acceptable)					
	15 VILLAGE BLVD.		1	3015 /elican Lh	
MAU	DEIRA BEACH FL 33708		83		
			84 City /	ladeira Beh	FL 85 Zip Code 23 70 8
		00 10074500 51 11 01-		corporation submits this statement for the purp	
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was	authorized by the comp	oration's board of directors. I hereby accept the	e appointment as registered
SIGNATORE	Signature, typed or printed name of registered eg	ent and title if applicable (NO	TE: Registered Agent signature	equite monitoriorating)	DATE
12.	. OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	☐ DELETE	1.1 TITLE	Malgaday Peter G 13015 Pelican Lh	Change 🔲 Additio
NAME	MALGADEY, PETER G.		1.2 NAME	12015 Polican Lh	
STREET ADDRESS	13015 VILLAGE BLVD. P.A.	can th	1.3 STREET ADDRESS	()()()	27468
CITY-ST-ZIP	MADEIRA BEACH FL		1.4 CITY-ST-ZIP	Madeira But FL	11/00
TITLE	D	☐ DELETE	2.1 TITLE	Makeder Bethel E	Change Addition
NAME	MALGADEY, BETHEL E		2.2 NAME	7.2.7.2.7	·.
STREET ADDRESS	13015 VILLAGE BLVD, PEL	'can Ln.	2.3 STREET ADDRESS	Madeira Bol FL Malgudey Bethel E 13015 Pelican La	
CITY-ST-ZIP	-MEDEIRA BEACH FL	رجاء يشار بدراعيا بالمعين	2.'4 CITY-ST-ZIP	-madeira Bch - FL	33-708
TITLE		☐ DELETE	3.1 TITLÉ	1	☐ Change ☐ Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	5.1 TITLE	• .	Change Addition
IIICC	No.		_ v. i . i	I	_ , _

CITY-ST-ZIP 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.

5.2 NAME

6.1 TITLE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ Addition