Mailing Address 2665 S.BAYSHORE DR.

MIAMI FL 33133

2a. Mailing Address

-City & State --

Suite, Apt. #, etc.

26

1999

CARLISLE PROPERTY CONSULTANTS, INC.

1. Corporation Name

Principal Place of Business

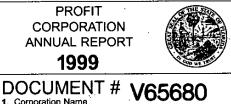
2. Principal Place of Business

Suite, Apt. #, etc.

تنت . City.& State

2665 S.BAYSHORE DR.

MIAMI FL 33133



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 25, 1999 8:00 am **Secretary of State**

03-25-1999 90029 047 \*\*\*150.00

## u kanki anteka alkan alkie akkan kaiti anti ataki pinki ataki ekaki ataki ekaki ataki kank

	DO NOT WRITE IN THIS S	PACE	
3.	Date Incorporated or Qualifed		
	09/21/1992		
4.	FEI Number		Applied For
	59-3143907		Not Applicable

\$8.75 Additional

Fee Required \$5.00 May Be

-		28			Trust Fund Contribution		Added	to Fees	
Zip	Country 25	Zip 29	- · · · ·		This corporation owes the corporation owes the corporation owes the corporation of the corporation of the corporation owes the corporation of the corporatio	e current year Intangible		□No	
9. Name and Address of Current Registered Agent				10. Name and Address of Nev	10. Name and Address of New Registered Agent				
REINMAN, JAMES L 1825 SO RIVERVIEW DIVE MELBOURNE FL 32901			81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83						
				0.4	City	т Т	85 Zin	Code	

5. Certifcate of Status Desired

6. Election Campaign Financing

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 yells, and accept the appointment as registered agent. I am familiar yells, and accept the appointment as registered agent. I am familiar yells.

SIGNATURE	claim Jelient			2/18/1999			
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whe						
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
TITLE	DPT	☐ DELETE	1.1 TATLE	. Change	☐ Addition		
NAME	SILVERSTEIN, ELAINE		1.2 NAME				
STREET ADDRESS	2665 SO BAYSHORE DRIVE STE 603		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI_FL 33133		1.4 CITY-ST-ZIP				
TITLE	DS	☐ DELETÉ	2.1 TITLE	Change	☐ Addition		
NAME	BEBER, JOYCE		2.2 NAME				
STREET ADORESS	2665 S.BAYSHORE DR. 603		2.3 STREET ADDRESS	·			
CITY-ST-ZIP	MIAMI FL 33133		2. 4 CITY-ST-ZIP				
TILE	The second of th	□ DEFELE ***	3.1 TILE	. Change	_		
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				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	Change	Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP	·		5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	Change	Addition		
NAME	•		6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CiTY-ST-ZIP			6.4 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.