PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # **V67854**



Secretary of State DIVISION OF CORPORATIONS

Apr 14, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris 04-14-1999 90075 002 ***150.00



SEMINOL	LE BEACH REALTY, INC.						
<u> </u>							ł
Principal Place of Business Mailing Address							
13205 US HWY ONE 13205 US HWY ONE							
SUITE 511 SUITE 511					DO NOT WRITE IN THIS SPACE		
JUNO BEACH FL 33408 US US						3. Date Incorporated or Qualifed	\neg
US US					09/28/1992		
2. Moiling Address					4. FEI Number Applied For	-1	
2. Principal Place of Business 2a. Mailing Address					65-0363607 Not Applicable	<u>-</u> -	
1			-	-	\$8.75 Additional	7	
— ''						5. Certificate of Status Desired Fee Required	
City & State	City & State City & State					6. Election Campaign Financing \$5.00 May Be	7
⊢ '	28					Trust Fund Contribution Added to Fees	- }
Z ip	Country Zip Cou			ntry		8. This corporation owes the current year Intangible	7
<u> </u>	25 29 30			-		Personal Property Tax.	
24	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
				81	Name		Л
BANISTER, JOHN R. 140 ROYAL PALM WAY			22 21 111		(D.O. D. Allertonia Mat Association)	4	
				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	١,
SUITE 205				83			٦,
PALM BEACH FL 33480			Ш			ㅢ `	
				84 City		FL 85 Zip Code	-
11 Dureuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	es, the a	bove-	-named corpo	eration submits this statement for the nurnose of changing 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 Statutes.							
l agent. I ar	m familiar with, and accept the obliga	itions of, Section 607.0505, Floi	ida Stati	utes.			
SIGNATURE	Signature, typed or printed name of registered ages	ot and title if anglicable. (NOTE:	Registered	Agent	signature required	when reinstating) DATE	1 :
12.	<u> </u>	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	}
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NAME	BEACH, NITA 12 N		ME			- 7	
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JINEEL ADUKESS						•	ĺ

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: