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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000040896

1, Corporation Name

Principal Place of Business

2250 GLADES PROPERTIES, INC.

301 YAMATO ROAD STE 3198 BOCA RATON FL 33431 US		301 YAMATO ROAD STE 3198 BOCA RATON FL 33431 US			3	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
						03/31/1995					
2. Principal Pl	ace of Business	2a. Mailing Address			4	I, FEI Number				Applied For	
21 5000 B	lue Lake Dr <u>i</u> ve	26 5000 Blue Lake Drive				65-0590458				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	Certifcate of Sta	tus Desired			Additional	
22		27				, 00.11.00.0			Fee	Required	
City & State		City & State		6	Election Campa		· 🗆		May Be		
Boca Raton, FL		28 Boca Raton, FL				Trust Fund Cont				d to Fees	
Zip Country		Zip Country		8	This corporation		ent year Inta				
24 33431	25 US	29 33431 30 US				Personal Property Tax. ☐ Yes No 10. Name and Address of New Registered Agent					
	9. Name and Address of Current	Registered Agent	81	L NI	10). Name and Add	ress of New R	egisterea A	.gent		
CUT	ZETTA MADY		81		770tt:	a. Mark					
GUZZETTA, MARK			82	Guzzetta, Mark 82 Street Address (P.O. Box Number is Not Acceptable)							
	YAMATO ROAD	5000			00 Bl	<u>ue Lake Dr</u>	:ive				
SUITE 1180											
BOC.	A RATON FL 33431		84	City					85 Zi	p Code	
				Bo	ca Ra	ton		<u>FL</u>	3.	3431	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND		13.			ADDITIONS/CHA	NGES TO OF	FICERS AN			
TITLE	PSTD	☐ DELETE	1.1 TITLE		PSTD	eta, Mark			Chang Chang	e 🔚 Addition	
NAME .	Guzzetta, Mark		1.2 NAME				D.,			ļ	
STREET ADDRESS	301 YAMATO ROAD SUITE 1180		1.3 STREE	T ADDRESS		Blue Lake					
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-S	T-ZIP	Boca	Raton, F	33431	-			
TITLE		DELETE	2.1 TITLE						Chang	e 🔲 Addition	
NAME			2.2 NAME								
STREET ADDRESS			2.3 STREE	TADORESS					•		
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP	1				22.12		
TITLE		☐ DELETE	3.1 TITLE					•	Chang	e 🔲 Addition	
NAME	• •		3.2 NAME		-			. ,			
STREET ADDRESS			3.3 STREE	T ADDRESS						ļ	
CITY-ST-ZIP			3.4. CITY- 8								
TITLE			4.1 TITLE			· ·			Chang	e Addition	
NAME			4. 2 NAME							ļ	
STREET ADDRESS				T ADDRESS	.]						
			4.4 CITY-S							Į	
TITLE			5.1 TITLE		<u> </u>				☐ Chang	e 🔲 Addition	
1 1		_	5.2 NAME								
NAME				TADORESS	İ	•					
STREET ADDRESS			5.4 CITY-S		1		•				
CITY-ST-ZIP			6.1 TITLE	rı - ZIF	 				☐ Chang	e Addition	
TITLÉ		C 0	6.2 NAME								
NAME				TADDRESS	.]					ł	
CTOCET ADDRESS			O.J STREE	I MUUREGO						1	

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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90088 029 ***150.00