**FILED** 

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90045 045 \*\*\*150.00

## 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 # 585212

CRYSTA	L LODGE DIVE CENTER, IN	NC.				,				
Principal Place	e of Business	Mailing A	Address						HALL BURN BURN BU	OT OFFICE OFFICE SOUND
525 NW 7TH AV P.O. BOX 456 CRYSTAL RIVER US	VE.	525 NW 7TH AVE CRYSTAL RIVER FL 34423 US						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  09/05/1978		
2. Principal Pt	ace of Business	2a. Mailir	ng Address					4. FEI Number		Applied For
21		26			~~ ~ <u>`</u>		ـــ منت	59-1847838	******	Not Applicable
Suite, Apt.	#, etc.		, Apt. #, etc.					5. Certifcate of Status Desired	•	5 Additional Required
22 City & State			City & State					6. Election Campaign Financing	\$5.0	00 May Be
23)	•	— ·	28					Trust Fund Contribution		ed to Fees
Zip	Country	Zip		Col	untry			8. This corporation owes the current year	ır Intangible	
24	25	29		30				Personal Property Tax.	∐Yes	□No
24	9. Name and Address of Currer		Agent	1 + - 1				10. Name and Address of New Register	red Agent	
				•	81	Name	•			
HOGAN, JERRY D 525 NW 7TH AVE					82	Street	Addre	ss (P.O. Box Number is Not Acceptable)		
CRYSTAL RIVER FL 34428					83					
0111										
·					84				FL	ip Code
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Suc itions of, Section.	ch change was a on 607.0505, Flo	utnorize rida Stat	a by tutes	tne corp	ooration	ration submits this statement for the purpos n's board of directors. I hereby accept the a	ppomunem as	registered
40	Signature, typed or printed name of registered age OFFICERS At			13.		n signature	required	ADDITIONS/CHANGES TO OFFICER		TORS IN 12
12.	PT OFFICERS AI	ND DIRECTOR	DELETE	1.1 T				ADDITIONOISTERNOCO TO CITTOCH	☐ Chang	
NAME	HOGAN, JERRY			•	IAME					-
	525 NW 7TH AVE			1		CADDRESS				
STREET ADDRESS	CRYSTAL RIVER FL			1	TY-S					
CITY-ST-ZIP TITLE	VD		DELETE	2.1 T		1-2,11	<del>  -</del>		☐ Chang	ge Addition
NAME :	HOGAN, JERRY				IAME					[
STREET ADDRESS	525 NW 7TH AVE	<del></del>				ADDRESS		and the second second of the		
CITY-ST-ZIP	CRYSTAL RIVER FL				CITY-S					ţ
TITLE	OHIOTAL MILLION		☐ DELETE	3.1 T		· •			☐ Chanç	ge Addition
NAME				3.2 N	IAME					
STREET ADDRESS				3.3 8	TREE	TADDRESS	3			}
CITY-ST-ZIP				3.4.	CITY-S	T-ZIP				
TITLE			□ DELETE	4.1 T	TILE				☐ Chan	ge Addition
NAME				4.21	NAME					
STREET ADDRESS				4.3 S	TREET	TADDRESS	3			Ì
CITY-ST-ZIP				4.4 0	HY-S	T-ZIP		- 100 - 100		
TITLE			☐ DELETE	5.1 T	ITI.E				☐ Chang	ge 🗌 Addition
NAME					AME			·		
STREET ADDRESS				5.3 S	TREET	TADORESS	3			
CITY-ST-ZIP -	* 159 * · · ·			_	ITY-S	T- ZIP	1			<del></del>
TITLE 3	24.12.14.		□ DELETÉ	6.1 T					Chang	ge
NAME	1 5 July 1				IAME	_	İ	•		
STREET ADDRESS				6.3 5	TREE	TADDRESS	5			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

