## 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 # J74003

Principal Place of Business	Mailing Address
109 NORTH ORLANDO AVE. COCOA BEACH FL 32931	109 NORTH ORLANDO AVE. COCOA BEACH FL 32931

**FILED** Jan 22, 1999 8:00am **Secretary of State** 

01-22-1999 90017 001 \*\*\*150.00



COCOA BEACH		COCOA BEACH FL 32931			DO NOT WRITE IN THE	S SPACE		
		•			3. Date Incorporated or Qualifed			
	•				05/22/1987			
	60	2a. Mailing Address			4. FEI Number Applied Fo			
2. Principal Pla	ace of Business	— ·			59-2168689		lot Applicable	
21		Suite, Apt. #, etc.					Additional	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	<b>-</b>	Required	
City & State	)	City & State			6. Election Campaign Financing		<b>)</b> May Be	
23		28	-		Trust Fund Contribution	- Added	i to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible			
24	25	29	)		Personal Property Tax. Yes No			
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered	d Agent		
			81	Name			l	
	SURE, EDWARD		82	Street Add	iress (P.O. Box Number is Not Acceptable)			
	n. Orlando ave.						<del></del>	
COC	OA BEACH FL 32931		83					
			84	City	F	85 Zip	Code ' '	
	007.050	D 4 007 4509 Elected Statuton	the above	named com	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	of changing it	ts registered	
11. Pursuant to office or reagent. I ar	to the provisions of Sections 607.050.  egistered agent, or both, in the State of the familiar with, and accept the obligation	of Florida. Such change was auth tions of, Section 607.0505, Florid	norized by a Statutes	the corporati	ion's board of directors. I hereby accept the app	ointment as r	egistered	
CICNIATURE								
	Signature, typed or printed name of registered agen			nt signature require	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECT	ORS IN 12	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OTT TO ENG A	Change		
TITLE	P	☐ DELETE	1.1 TITLE					
NAME	Leasure, Edward		1.2 NAME					
STREET ADDRESS	109 NORTH ORLANDO AVE.		1.3 STREE	TADDRESS				
CITY-ST-ZIP	COCOA BEACH FL		1.4 CITY-5	T-ZIP		☐ Change	e Addition	
TITLE	٧	☐ DELETE	2.1 TITLE				, D Addition	
NAMÉ	LEASURE, JAMES		2.2 NAME	İ				
STREET ADDRESS			2.3 STREE	TADDRESS				
CITY-ST-ZIP	COCOA BEACH FL		2. 4 CITY-	ST-ZIP				
TITLE	ST	☐ DELETE	3.1 TITLE			Change	e Addition	
NAME	LEASURE, JAMES E.	·		-	and the control of th			
STREET ADDRESS.	109 NORTH ORLANDO AVE.		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	COCOA BEACH FL		3.4. CITY-	ST-ZIP	·			
TITLE	COCOA BLACITIE	☐ DELETE	4.1 TITLE			☐ Change	e 🔲 Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		<del></del>	☐ Change	e 🗌 Addition	
NAME	-		5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS		•		
ł	P		5.4 CITY-1	ST-ZIP				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Chang	e Addition	
1	*		6.2 NAME					
NAME			6.3 STREE	T ADDRESS				
STREET ADDRESS	.i							

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: