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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90008 001 ***158.75

	1999	DIVISION OF CC	RECRATIONS	03-10-1999 90008 00	11 1136.73
DOCUI 1. Corporation JET FLIT		7			
Principal Place	e of Business	Mailing Address		(##1.8011 tid 1.011 bid)t i ban tiati soni afati a	iller didir dillin midt andit fedi
2665 AVE AVE SOLEIL GULF STREAM FL 33483 US		2665 AV AV SOLEIL GULF STREAM FL 33483 US		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed 12/17/1985	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2627050	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	 	27			
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country		Country	8. This corporation owes the current year in	
24	25	29 3	- ,	Personal Property Tax.	☐ Yes 🗖 No
	9. Name and Address of Curre			10. Name and Address of New Registered	Agent
			81 Name		
-	LURKEN, WILLIAM		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	S AVE AV SOLEIL				
GUL	F STREAM FL 33483		83		
			84 City	Fl	85 Zip Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Statum familiar with, and accept the oblig	e of Flonda. Such change was aut gations of, Section 607.0505, Floric	norized by the corporati da Statutes.	ooration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its registered intment as registered
	Signature, typed or printed name of registered ag		Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12.	PCEO	IND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Addition
TITLE NAME	MCCLURKEN, WILLIAM		12 NAME		
STREET ADDRESS	AAAA 414 AA4 AA4 AA4		1,3 STREET ADDRESS		1
	GULF STREAM FL		1.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	GOLI OTTLEAM TE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME	•	1
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	_		2 4 CITY-ST-ZIP		·
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		1
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		C onlingo C radinor
NAME			4, 2 NAME 4,3 STREET ADDRESS		
STREET ADDRESS			4.3 STREET ADDRESS		
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	1		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.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-279-8777