## 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 # **P92000008597**1. Corporation Name

## FILED Apr 13, 1999 8:00 am Secretary of State

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	•	_			
Principal Place	e of Business	Mailing Address		1 (BEIORIE (10 IOILE IIII) OBILL GALLI DELL	
102991 OVERSEAS HWY 102991 OVERSEAS HWY					
KEY LARGO FL 33037 KEY LARGO FL 33037				DO NOT WRITE IN THIS	SPACE
	•		and the second second	3 Date Incorporated or Qualifed	
	يخصب ويناس بنيعته وسروعينا ويدوي	مستقر بالمسالق مس <u>ائلة المسائلة المستشر</u>		12/02/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	<del>_</del>	Suite, Apt. #, etc.		65-0372917	Not Applicable  \$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	Fee Required	
City & State	<u> </u>	City & State	<u>и.е.и.</u> —	6. Election Campaign Financing	\$5.00 May Be
23 28		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	tangible No
24	25	29 30	<u> </u>	Personal Property Tax.  10. Name and Address of New Registered	-1/2/
	9. Name and Address of Curro	ent Registered Agent	81 Name	10. Maine and Address of New Registered	3
ANGELS, LILIAN T			00 01 14	(D.O. Day Nigerbor in Not Assentable)	
==102991 OVERSEAS HWY			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
) KEY	LARGO FL 33037		83	The state of the s	
Ì			84 City		85 Zip Code
				FI	
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 607.1508, Florida Statutes, te o <b>x</b> Florida. Such change was auth	, the above-named corp orized by the corpo <b>ç</b> ation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	intment as registered
agent. I a	m familiar with and accept the obli-	pations of, Section 607.0505, Florid	a Statutes.	11. 7/1 31	2/99
SIGNATURE	Signature, typed or proted name of registered a	gent and title if applicable. (NoTE: Ri	gistered Agent Signature require	(when reinstating) DATE	<del>73/11</del>
12.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	Р.	V □ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ANGEL, JOEL N		1.2 NAME		
STREET ADDRESS	243 APACHEE STREET TAVERNIER FL 33070		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST ST	DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME	ANGEL, LILIAN T	_	2.2 NAME		
STREET ADDRESS	AMA ADACUEE CEDEET		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL 33070		2.4 CITY+ST-ZIP	-	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		•	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		4
CITY-ST-ZIP			3.4. CITY-ST-ZIP		☐ Change ☐ Addition
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STREET ADDRESS		DELETE -	4.1.TITLE	يسادك الميدانيوساية المساملية أأيد الماسيسي الوجهان	
CITY-ST-ZIP		DELETE	4.1.TITLE	منده ماستندار مستند الدام المستند المتحدد	
,			4. 2 NAME		
TITLE		DELETE DELETE	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition.
NAME			4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
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NAMĘ STREET ADORESS CITY-ST-ZIP	, .	☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Addition.
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NAMĘ STREET ADORESS CITY-ST-ZIP		☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition.

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:

SIGNATURE AND TYPED OR PRINTED