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

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P96000064986

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90058 050 \*\*\*150.00

| - | Ш |
|---|---|

| Principal Plac                                  | e of Business  | Mailing Address                    |  |                   |   |   |  |
|---|--|------------------------------------|--|-------------------|---|---|--|
| 312 2ND ST                                      |  |                                    |  |                   |   | - a vot Wolth W TU a appear   |  |
|   |  |                                    |  |                   |   | DO NOT WRITE IN THIS SPACE  |  |
|   |  |                                    |  |                   |   | 3. Date Incorporated or Qualifed  |  |
|   |  |                                    |  |                   |   | 08/02/1996  |  |
| 2. Principal P                                  | Place of Business  | 2a. Mailing Address                | 2a. Mailing Address                                |                   |   | 4. FEI Nu nber App ied For  |  |
| 26  |  |                                    | ·  |                   |   | 65-0679686 Not Applicable   |  |
| Suite, Apt. #, etc.                             |  | Suite, Apt. #, etc.                | Suite, Apt. #, etc.                                |                   |   | 5. Certificate of Status Desired   \$8.75 Aciditional Fee Required          |  |
| City & State                                    |  | City & State                       |  |                   | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees |   |  |
| Zip<br>24                                       | Coun ry  | Zip                                | Countr<br>30                                       | гу                |   | 8. This corporation owes the current year Intangible Personal Property Tax. |  |
|   | 9. Name and Address of Cur   | —- <del></del>                     | _ <del>                                     </del> | _                 |   | 10. Name and Address of New Registered Agent                                |  |
|   |  |                                    | 8  | 1                 | Name  |   |  |
| MARTI, DENNIS<br>312 2ND ST<br>JUPITER FL 33458 |  |                                    | 8  | 2                 | Street A  | et Address (P.O. Box Number is Not Acceptable)                              |  |
|   |  |                                    | 8  | 3                 |   |   |  |
|   |  |                                    | 8  | 4 City            |   | FL 85 Zip Code  |  |
| SIGNATURE                                       | m familiar with, and at cept the obling familiar with, and at cept the obling familiar with familiar with, and at cept the obline familiar with a second with the obline familiar with a second with the obline familiar wi | agent and title if applicable. (NO | T :: Registered Ag                                 |                   | signature rec   | required when reinstating) DATE   |  |
| 12.   | OFFICERS   | AND DIRECTORS                      |  | 13.               |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                           |  |
| TITLE   | PVST   | ☐ DELETE                           | 1.1 TITLE  |                   |   | ☐ Change ☐ Addition   |  |
| NAME  | MARTI, DENNIS  |                                    | 1.2 NAME   | E                 | 1   |   |  |
| STREET ADDRE 3S                                 |  |                                    | 13 STRE  | 13 STREET ADDRESS |   |   |  |
| CITY-ST-ZIP                                     | JUPITER FL 33458   |                                    |  | 14 CITY-ST-ZIP    |   | Change Addition   |  |
| TITLE   |  | ☐ DELETE                           | 2.1 TITLE  |                   |   | Change Addition   |  |
| NAME  |  |                                    | 2.2 NAME   |                   |   |   |  |
| STREET ADDRESS                                  |  |                                    | 2.3 STRE   | ET A              | ADDRESS   |   |  |
| CITY-ST-ZIP                                     |  |                                    |  | 2.4 CITY-ST-ZIP   |   | Change Addition   |  |
| TITLE   |  | ☐ DELETE                           | 31 TITLE   |                   |   | Change Addition   |  |
| NAME  |  |                                    | 3.2 NAME   |                   |   |   |  |
| STREET ADDRESS                                  |  |                                    |  |                   | ADDRESS   |   |  |
| CITY-ST-ZIP                                     |  | - Declete                          |  | 3.4. CITY-ST-ZIP  |   | Change Addition   |  |
| TITLE   |  | L) DELETE                          | 41 TITLE   |                   |   |   |  |
| NAME  |  |                                    | 4 2 NAM  |                   |   |   |  |
| STREET ADDRESS                                  |  |                                    |  |                   | ADDRESS   | · ·   |  |
| CITY-ST-ZIP                                     |  | □ nci etc                          | 4.4 CITY-  |                   | ZIP   | Change Addition   |  |
| TITLE   |  | ☐ DELETE                           | 5.1 TITLE<br>5.2 NAME                              |                   | 1   |   |  |
| NAME  |  |                                    |  |                   | ADDRESS   |   |  |
| STREET ADDRI SS                                 |  |                                    |  |                   | ſ   |   |  |
| CITY-ST-ZIP                                     |  | □ nciere                           | 5.4 CITY-  |                   | LIF   | Change Addition   |  |
| TITLE   |  | ☐ DELETE                           | 0111112  | -                 |   | , Change C 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 pertify that the information indicated on this acquiral report or supplemental annual report is true and accurate and that my signa ure shall have the same legal effect as if made under oath; that I am an officer or director on 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 in change 1 or on an attachangularity an address, with all other like empowered

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Dennis Marti