## 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** 

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90011 019 \*\*\*150.00

## DOCUMENT # P96000067416 1. Corporation Name

Principal Place of Business
1083 N. COLLIER BLVD.

SAURUS	6, INCORPORATED						
Principal Place	e of Business	Mailing Address		,	- I INNSINDS) (14 SMISH MISH MAILS MAITH MASIL	<b>18</b> 16 <b>0 2</b> 6691 (8 <b>8</b> 65 8160) 1	1918 9131 1891
1083 N. COLLIER BLVD. 1083 N. COLLIER BLVD.							
SUITE 390 SUITE 390				DO NOT WRITE IN THIS SPACE			
MARCO ISLAND FL 34145-2539 MARCO ISLAND FL 34145-2539				3. Date Incorporated or Qualifed			
					08/09/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21	26			NOT APPLICABLE	· Not	Applicable	
Suite, Apt.				5. Certificate of Status Desired	\$8.75 A		
22	27			3. Cermone of Sunda Beamed	Fee Rec	<del>`</del> ——-	
City & Stat	ate City & State			6. Election Campaign Financing	\$5.00		
23	<u></u>				Trust Fund Contribution	Added to	Fees
Zip	Country				8. This corporation owes the current ye		□No
24	25	29 30			Personal Property Tax.  10. Name and Address of New Registe		
	9. Name and Address of Currer	t Registered Agent	81	Name	10. Name and Address of New Registr	nou Agont	
KINIK	(EAD, JAMES D			]			
1083 N. COLLIER BLVD. SUITE 390 MARCO ISLAND FL 34145-2539			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
			83				
			84	1 1	·;	FL 85 Zip C	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above	e-named corp	oration submits this statement for the purpo	se of changing its	registered
office or r	registered agent, or both, in the State	of Florida. Such change was auth tions of, Section 607.0505, Florida	orized by Statutes	the corporation	oration submits this statement for the purpo on's board of directors. I hereby accept the	ippointment as reg	isterea
SIGNATURE							
	Signature, typed or printed name of registered age			nt signature require	d when reinstating) DA ADDITIONS/CHANGES TO OFFICER		PS IN 12
12.	P OFFICERS AF	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE	•		1.2 NAME			_ •	
NAME	(WATER D. O. WILLO D			TADDRESS			1 3
STREET ADDRESS	1000 11: 00 ELECT DE 10:		1.4 CITY-S				
CITY-ST-ZIP TITLE			2.1 TITLE	11-ZIP		☐ Change	Addition
NAME		-	2.2 NAME	}			•
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CITY-ST-ZIP			2. 4 CITY-5	4	•		
TITLE			3.1 TITLE			☐ Change	Addition
NAME	32N		3.2 NAME		·		
STREET ADDRESS							
CITY-ST-ZIP		-9	3.3 STREE	TADDRESS			ł
TITLE			3.3 STREET 3.4. CITY-S				
NAME						Change	Addition
l		·	3.4. CITY-5	ST-ZIP		☐ Change	Addition
STREET ADDRESS		·	3.4. CITY-S 4.3 TITLE 4.2 NAME	ST-ZIP		☐ Change	Addition
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		·	3.4. CITY-S 4.3 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE	ST-ZIP		☐ Change	Addition Addition
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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 suppliemental 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 12 if changed, or on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP