Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000016726

1. Corporation Name

Principal Place of Business

ENDLESS SUMMER ENTERPRISES, INC.

5914 SARAH DRIVE PENSACOLA FL 32503		PENSACOLA FL 32503		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 02/20/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	A	Applied For
21		26			59-3493849	N	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-				Additional
22 ~-		27		<u>_</u>	5. Certifcate of Status Desired	Fee R	Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Into		.,
24	25	29 36	0		Personal Property Tax.	Yes	<u>X</u> 10
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
OTAI	n roro		81	Name			
5914	r, fred Sarah Drive		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
PENS	SACOLA FL 32503		83	<del></del>			
						-11- <del></del>	
			84	City	FL	85 Zip	Code
office of nagent. I as	egistered agent, or both, in the State m familiar with, and accept the obligation	ations of, Section 607.0505, Florid	a Statutes	). 	tion's board of directors. I hereby accept the appoint		
. 12.		ND DIRECTORS	13.	in signature requi	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
TILE	D	DELETE	1.1 TITLE			Change	
NAME	STAIR, FRED	<del>-</del>	1.2 NAME				
STREET ADDRESS	5914 SARAH DRIVE		1	TADDRESS			
	PENSACOLA FL 32503		1.4 CITY-S				
CITY-ST-ZIP TITLE	TENOROGENTE GEGGG	☐ DELETE	2.1 TITLE	71-21		Change	e ☐ Addition
NAME		_	2.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	والمرابع فالمحموم المرابي والمواد		2:4 CITY-5		الرابية سالم	•	
TITLE	-	☐ DELETE	3.1 TITLE	-		☐ Change	e ☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS	·		l
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	e Addition
NAME			4. 2 NAME				
STREET ADDRESS		,	4.3 STREE	TADORESS	,		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	e 🗀 Addition
NAME			5.2 NAME				1
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	e 🗀 Addition
NAME			6.2 NAME				i
CIDECT ADDRESS			6.3 STREE	T ADDRESS			

6.4 CITY-ST-ZIP

14. 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, and on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90219 004 \*\*\*150.00