

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90173 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000071545

1. Corporation Name
 422 APPELROUTH LANE, INC.



Principal Place of Business: 402 APPELROUTH LANE, KEY WEST FL 33040
 Mailing Address: 402 APPELROUTH LANE, KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 422 Appelrouth Lane
 Suite, Apt. #, etc.

2a. Mailing Address
 26 422 Appelrouth Lane
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified
 08/17/1998

4. FEI Number: 65-0862259
 Applied For: Not Applicable

22 City & State
 23 Key West, FL

27 City & State
 28 Key West, FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip: 33040
 25 Country

29 Zip: 33040
 30 Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLITENICK, RICHARD M
 402 APPELROUTH LANE
 KEY WEST FL 33040

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VP, S, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, SIOBHAN	1.2 NAME	Green, Siobhan
STREET ADDRESS	812 FLEMING ST. #2	1.3 STREET ADDRESS	422 Appelrouth Lane
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	Key West, FL 33040
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	T, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIER, MICHAEL	2.2 NAME	Baier, Michael
STREET ADDRESS	402 APPELROUTH LANE	2.3 STREET ADDRESS	422 Appelrouth Lane
CITY-ST-ZIP	KEY WEST FL 33040	2.4 CITY-ST-ZIP	Key West, FL 33040
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **SIGNATURE REQUIRED** 4/29/99 305.296.6667
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)