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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90020 028 ***150.00

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Principal Plac	e of Business	Mailing Address	 -	- 1 OBENIOUS HIS 1010; DIVIN SOUR BRIEF SOUR SOUR FIRM TOUR HOLD OBTH 10	
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KEY LARGO FL	. 33037 - Table 1 (1) (1) (1) (1)	KEY LARGO FL 33037		·	L
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	and the second of the second	•		3. Date Incorporated or Qualifed	
2 District	lace of Business	2a. Mailing Address		03/23/1995 4. FEI Number Applied For	
د، Funcipal F	lace of Busilless	—		0F 0F000F0	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	<u></u>	55-U068256 Not Applicat	NE :
		27		5. Certificate of Status Desired Fee Required	
City & Stat	<u></u>	City & State		6 Election Campaign Financing \$5.00 Nov. Po	
3		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
4	25	29	30	Personal Property Tax. ☐ Yes No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent	
MCD	TENS, EDWARD J II		81 Nam	ne	
	BAHAMA AVE		82 Stree	et Address (P.O. Box Number is Not Acceptable)	
	LARGO FL 33037	•			_
1161	EARLOO (E GOOD)	•	83		3.
	e ·		84 City	85 Zip Code	*
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Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statute	es, the above-name	ed corporation submits this statement for the purpose of changing its registered	1 <u> </u>
office or r	registered agent, or both, in the State	of Florida. Such change was at	ithorized by the cor	rporation's board of directors. I hereby accept the appointment as registered	ì
office or r	registered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was at	ithorized by the cor	rporation's board of directors. I hereby accept the appointment as registered	
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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 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 OF PRINTED NAME OF SIGNATURE OF DIRECTOR

1/10/99

305-453-3630

Daytime Phone #