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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

BIRD KEY MAINTENANCE INC

FILED Feb 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						{	DIDII BIRII DIBII EID	
1911 N. LAKE SHORE DR.		1911 N. LAKE SHORE DR.						
SARASOTA FL 34231		SARASOTA FL 34231		DO NOT WORK AND				
						DO NOT WRITE IN T 3. Date Incorporated or Qualified	HIS SPACE	····-
						01/23/1969		
2. Principal Place of Business 2a. Mailing Address					,	4. FEI Number	I IAr	plied For
26						59-1261113	-	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						6. Certificate of Status Desired	\$8.75	Additional
22 27						5. Certificate of Status Desired	Fee Re	equired
City & State						6. Election Campaign Financing		May Be
Zip Country Zip			Country			Trust Fund Contribution	Added	
24]	25 29 30		├	¬ '		8. This corporation owes or has paid the Personal Property Tax due June 30.		angible] No
<u> </u>	9. Name and Address of Current	- d	30[10. Name and Address of New Registe		7 140
KRI	EGER, RICHARD P.			B1	Name			
1911 N. LAKE SHORE DRIVE			<u> </u>	B2	Ctroot Addr	one (D.O. Bou Number in Not Accountable)		
SARASOTA FL 34231			l'	DÆ	Street Addre	ess (P.O. Box Number is Not Acceptable)		- 1
.		Ţ	83					
			ļ.	B4	City		les Zin	Code
					•			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-na office or registrored agent, or both, in the State of Florida, Such change was authorized by the						oration submits this statement for the purpo	se of changing it	s 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	Restand P/W	<u> </u>				<u> </u>	7 8	
12.	Signature, typed or printed name of nigistered agen- OFFICERS AND		F: Registered	Ageni	l signature require	ed when reinstating) DA ADDITIONS/CHANGES TO OFFICERS		S IN 40
TITLE	D	DELETE	1.1 T(T)	Æ		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME	JOHNSON, APRIL N.	1.2 N						
STREET ADDRESS	AAAA NI IAME AHARE DR				DORESS			
City-St-ZiP	AADAAATA FI		1.4 CIT];
TITLE	PSTD						Change	Addition
NAME			2.2 NA	Æ	1			
STREET ADDRESS			2.3 STR	EET A	DORESS			
CITY-ST-ZIP	-ZIP SARASOTA FL		2.4 CITY-ST-ZIP		- ZIP			
TITLE			3.1 TITL				Change	☐ Addition
NAME			3 2 NAM					
STREET ADDRESS					DDRESS			İ
CITY-ST-ZIP TITLE		DELETE	3.4. CIT		- ZIP		Chassa	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
NAME			4.1 TITL 4.2 NA		·		Change	☐ Addition
STREET ADDRESS					DDRESS			
CITY-ST-ZIP			4.4 CITY		1			
TITLE		DELETE	5.1 TITL		4.07		Change	Addition
NAME		-	5.2 NAA					
STREET ADDRESS					DDRESS			-
CITY-ST-ZIP			5.4 C/TY					
TITLE		☐ DELETE	6.1 TITL				Change	Addition
NAME			6.2 NAA	#E	ŀ			
STREET ADDRESS			6.3 STR	EET AI	DORESS			ļ
CITY-ST-ZIP			6.4 CITY	/-ST-	ZIP			

14. Thereby 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 frue 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 trusted 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.

SIGNATURE: