Applied For

Fee Required \$5 00 May Be

Not Applicable \$8.75 Additional

## 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

## **DOCUMENT # 357950**

| Principal Place of Business                             | Mailing Address  |  |  |
|---|--|--|--|
| 170 FLOTILLA CLUB DRIVE<br>NDIAN HARBOUR BEACH FL 32937 | 970 FLOTILLA CLUB DRIVE<br>INDIAN HARBOUR BEACH FL 32937 |  |  |
|   |  |  |  |
| Principal Place of Business                             | 2a. Mailing Address                                      |  |  |
| ¬ '   | 2a. Mailing Address 26                                   |  |  |
| ¬ '   | Suite, Apt. #, etc.                                      |  |  |
| Suite, Apt. #, etc.                                     | 26 Suite, Apt. #, etc.                                   |  |  |
| Suite, Apt. #, etc.                                     | 26 Suite, Apt. #, etc. 27 City & State                   |  |  |
| Suite, Apt. #, etc.                                     | 26 Suite, Apt. #, etc. 27 City & State                   |  |  |
| Suite, Apt. #, etc.                                     | 26 Suite, Apt. #, etc.                                   |  |  |

## Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90048 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6 Election Compaign Financing

01/12/1970 4. FEI Number

59-1286759

| 28     Zip   Country   Zip     Zip     Zip     Zip     Zip   Zip     Zip   Z   | ountry 8. This corp                                   |  |                        |  |
|--|---|--|------------------------|--|
| 4 25 29 30   | 2   0   | Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible                          |                        |  |
|  |   |  | <b>™</b> No            |  |
| o. Hallio dile recent of the second of the s |   | nd Address of New Registered Agent   |                        |  |
|  | 81 Name   |  |                        |  |
| TIEDE, ROGER W.  | OR Chart Address (D.O. Boy N                          | lumber is Not Assentable)  |                        |  |
| 970 FLOTILLA CLUB DR.  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                        |  |
| 32937 32937  | 83  |  |                        |  |
|  |   |  | 2000                   |  |
|  | 84 City   | FL 85 Zip C  | oue                    |  |
| <ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to office or registered agent, or both, in the State of Florida. Such change was authorated to the change was authorated to the change was authorated to the change was authorated.</li> </ol>  | zed by the corporation's board of dir                 | this statement for the purpose of changing its ectors. I hereby accept the appointment as reg                        | registered<br>gistered |  |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida  | tatutes.  |  |                        |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Regi   | ered Agent signature required when reinstating)       | DATE   |                        |  |
| 12. OFFICERS AND DIRECTORS   |   | NS/CHANGES TO OFFICERS AND DIRECTO   | RS IN 12               |  |
| TITLE PD DELETE  | 1 TITLE   | ☐ Change   | Addition               |  |
| NAME TIEDE, ROGER W.   | 2 NAME  |  |                        |  |
| STREET ADDRESS 970 FLOTILLA CLUB DR.   | S STREET ADDRESS                                      |  |                        |  |
| CITY-ST-ZIP INDIAN HARBOUR BEACH,  | 4 CITY-ST-ZIP   |  |                        |  |
|  | 1 TITLE   | Change   | ☐ Addition             |  |
|  | 2 NAME  | •  |                        |  |
| STREET ADDRESS 970 FLOTILLA CLUB DR.   | 3 STREET ADDRESS                                      |  |                        |  |
| CITY-ST-ZIP INDIAN HARBOUR BEACH,  | 4 CiTY-ST-ZIP   |  |                        |  |
|  | 1 TITLE   | ☐ Change   | Addition               |  |
| NAME   | 2 NAME  |  |                        |  |
| STREET ADDRESS   | 3 STREET ADDRESS                                      |  |                        |  |
| CITY-ST-ZIP  | 4. CITY-ST-ZIP  |  |                        |  |
| TITLE DELETE   | 1 TITLE   | Change   | ☐ Addition             |  |
| NAME   | 2 NAME  |  |                        |  |
| STREET ADDRESS   | 3 STREET ADDRESS                                      | _  |                        |  |
| CITY-ST-ZIP  | 4 CITY-ST-ZIP   | •  |                        |  |
| TITLE DELETE .   | 1 TITLE   | ☐ Change   | Addition               |  |
| NAME   | 2 NAME  |  | •                      |  |
| STREET ADDRESS   | 3 STREET ADDRESS                                      |  |                        |  |
| CITY-ST-ZIP  | 4 CITY-ST-ZIP   |  | C7 . 1 F::             |  |
| TITLE DELETE   | 1 TITLE   | Change   | Addition               |  |
| NAME   | 2 NAME  |  |                        |  |
| STREET ADDRESS   | 3 STREET ADDRESS                                      |  |                        |  |
| CITY-ST-ZIP  | 4 CITY-ST-ZIP   |  | •                      |  |
| 14. I hereby certify that the information supplied with this filling does not qualify for the<br>indicated on this annual report or supplemental annual report is true and accurate  | exemption stated in Section 119.07(3                  | <ol> <li>Florida Statutes. I further certify that the inserted legal effect as if made under path; that I</li> </ol> | ntormation             |  |

officer or director of the corporation Block 12 or Block 13 if changed, or