## 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

## Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90014 038 \*\*\*150.00

FSP, INC	). 						
Principal Place	e of Business	Mailing Address					
P.O. DRAWER 3070 P.O. DRAWER 3070							
PALM BEACH F	L 33480	PALM BEACH FL 33480				DO NOT WRITE IN THIS SPACE	E
						3. Date Incorporated or Qualifed	
						09/17/1971	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26				59-1429575	Not Applicable
Suite, Apt.						6 Cortificate of Status Desired	.75 Additional
22	· · · · · · · · · · · · · · · · · · ·	27					ee Required
City & State	9	City & State				1 - 11 -	5.00 May Be dded to Fees
23	Country		Cal	intry			<del></del>
Zip	Country	Zip	_	niu y		8. This corporation owes the current year Intangible Personal Property Tax.	
24	9. Name and Address of Curre	29	30	т		10. Name and Address of New Registered Agent	_
	J. Hame and Address of Curre	With the Richard of Wheel		81	Name		<del></del>
CHE	SHIRE, MD M					Address (D.O. Day Marketin No. 4	
914 N OLIVE AVE				82 Street Address (P.O. Box Number is Not Acceptable)			
W PALM BCH FL 33401				83			
							7:- 0-4-
				84	City	FL 85	Zip Code
office or re agent. I al	to the provisions of Sections 607.05 egistered agent, or both, in the Statum familiar with, and accept the obliging Signature, typed or printed name of registered agents.	e of Florida. Such change was pations of, Section 607.0505, F	autnonzeo Iorida Stat	utes.	ine corpo	corporation submits this statement for the purpose of changoration's board of directors. I hereby accept the appointmen	as registered
12.		ND DIRECTORS	13.		( signatore re	ADDITIONS/CHANGES TO OFFICERS AND DIF	ECTORS IN 12
TITLE	PTD	DELETE	1.1 T				nange Additio
NAME	CHESHIRE, MCKINLEY		1.2 N	AME			
STREET ADDRESS	914 N OLIVE AVE		135	TREET	ADDRESS		
CITY-ST-ZIP	W.PALM BCH. FL 33401		1.4 0	TY-S	r-žip		
TITLE	VSD	☐ DELETE	2.1 ⊤				nange 🔲 Additio
NAME	CHESHIRE, MCKINLEY		2.2 N	AME			
STREET ADDRESS	914 N OLIVE AVE		2.3 5	TREET	ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL 33401		2.40	S-YTK	T-ZIP_	<u>۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ </u>	
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NAME			3.2 N	AME			
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NAME			4.21	AME	\		
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NAME			5.2 N		ADDDESS		
STREET ADDRESS					ADORESS		
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TITLE		□ DELETE	6.2 N		1		
NAME					ADDRESS		
STREET ADDRESS				ITY-SI			
CITY-ST-ZIP	1		0.40	3	- 411		

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:**