Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90289 015 ***150.00

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 # ACOE 10

 Corporatio 	DIES III, INC.	3					
Principal P ac	e of Business	Mailing Address	Mailing Address) Maite daban gener aneige neine teams sier mann gen	IS BIREL OFALL RIGHT GENEL LAND
2035 N. ATLANTIC AVENUE COCOA BEACH FL 32931 US		2035 N. ATLANTIC AVENUE COCOA BEACH FL 32931 US				DO NOT WRITE IN THIS S 3. Date Incorporated or Qualifed	PACE
0 0/1/1/10	No. of Charles	2a. Mailing Address				09/03/1974 4. FEI Number	Applied For
	Place of Business	<u> </u>				59-1551352	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75 Additional
22	#, oto.	27				5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Cour try	Zip	Cc	untry	 _	8. This corporation owes the current year intar	
24	25	29	30			Torso di rioporty rax.]Yes l≟No
	9. Name and Address of Curr	ent Registered Agent		<u> </u>		10. Name and Address of New Registered A	gent
LE:ONARD, CYNTHIA E. 2035 N. ATLANTIC AVENUE				81	Street Ac	dress (P.O. Bo) Number is Not Acceptable)	
COCOA BEACH FL 32931				83	 		
				84	City		85 Zip Code
office (r i	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change of gations of, Section 607.050	vas ∋uthorize 5, Florida Sta	ed by itutes	the corporat	poration submits this statement for the purpose of clion's board of clirectors. I hereby accept the approint red when reinstating)	nanging its registered ment as reg stered
12.	OFFICERS /	ANI) DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P	☐ DELE	TE 1.1	TITLE			Change Addition
NAME STREET ADDRESS	LEONARD, CYNTHIA E. 2035 N. ATLANTIC AVENUE			NAME STREET	T ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 0		1.4	CITY-S	T-ZIP		
TITLE	V	☐ DELE	TE 2.1	TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS	BALDWIN, WILLIAM R. 21 YAWL DRIVE			NAME STREE	T ADDRESS		
CITY-ST-ZIP	4444		2 4	CITY-5	ST-ZIP		
TITLE	S	DELE	TE 3.1	TITLE			☐ Change ☐ Addition
NAME	BALDWIN, MARY P.	32		NAME			
STREET ADDRESS	35 21 YAWL DRIVE		3.3	STREE	T ADDRESS		}
CITY-ST-ZIP	COCOA BEACH FL			CITY-S	ST-ZIP		
TITLE		☐ DELETE 4.1		TITLE			☐ Change ☐ Addition
NAME			. 4. 2	NAME			
STREET ADDRESS			4.3	STREE"	TADDRESS		
CITY-ST-ZIP				CITY-S	T-ZIP		
TITLE		☐ DELE		TITLE			☐ Change ☐ Addition
NAME				NAME			
STREET ADDRESS	; 		5.3	STREE	T ADDRESS		

CITY-ST-ZIP 14. I herebily 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 ooth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as recuired 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: _

CITY-ST-ZIP

STREET ADDRE SS

TITLE

NAME

□ DELETE

Change

Addition