PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

LONGBOAT ESTATE, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90054 047 ***150.00



Principal Place	of Business	Mailing Address			I DIDDO ITIL ATOLI HIBIT DIDIT DIDIT DIDIT DIDIT		
•		P.O. BOX 758					
1414 N.W. 107T SUITE 215	H AVENUE	MIAMI FL 33265			w. T. II.O. C.D. A.C.		
MIAMI FL 33172-2741 US					DO NOT WRITE IN THIS SPACE		
US				3. Date Incorporated or Qualif	ed .		
				03/13/1975			
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21 3876	os.w. So street	26 (38765W,S	P SIKEE	59-1589400	Not Applicable		
Suite, 407 22 5 山人	TÉ 256	Suite, Aptiente. 27 SUITE ZY	76	5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	wi, FL_	City & State 28 MiAmi FL		Election Campaign Financir Trust Fund Contribution	ng \$5.00 May Be Added to Fees		
Zip	Country	2901-1/	Country	8. This corporation owes the c			
24 33 (25	29 551 IJ 30		Personal Property Tax.	Yes □No		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New	w Registered Agent		
			81 Name	SCOTT ARTH	-DR Κ,		
SCOTT, A. R.			82 Street_A	dress (P.O. Box Number is Not Acce	eptable)		
6526 KENDALL LAKES DR			138	76 S.W. 56 STRE	ET-SUITE 25%		
SUITE 1405			83		Ļ		
AAIM	AI FL 33183		84 City *		85 Zip Code		
			- M \ 1	9M1	FL 33(7)		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 familia? with, and accept the obligations of, Section 507,0505, Florida Statutes.							
SIGNATURE	(Atthur K	,>cut			2,26,99		
	Signature, typed or printed name of registered agent		istered Agent signature req		OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS AND	DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO	Change Addition		
TITLE	SVD	ADELLIC	1.2 NAME	- 1 - 1	_ , _ (
NAME	WEST, R C			← DELETE	`		
STREET ADDRESS	1414 N.W. 107TH AVENUE, SUI	IE 215	1.3 STREET ADDRESS				
CITY-ST-ZIP	_MIAMI_FL_33172-2741	☐ DELETE	1.4 CiTY-ST-ZIP	WRECTOR PRESIDE	Change Addition		
TITLE	DTP		2.11111.5	SCOTT ANTHIR	D. C.		
NAME	SCOTT, A R			13876 S.W. 56 STR	EET-SUITE 256		
STREET ADDRESS	1414 N.W. 107TH AVENUE, SUI	IE 215	2.3 STREET ADORESS	MIAW1 FL 331	75		
CITY-ST-ZIP	MIAMI FL 33172-2741	☐ DELETE	2.4 CITY-ST-ZIP	DRECTOR, SECRET	Change Addition		
TITLE	D	□ pereie	l	~0\~\~\~\~\	. i		
NAME	ERICKSON, G C		32 NAME (38765.W. 56 ST	PRET-SUITE 256		
STREET ADDRESS	1414 NW 107TH AVE SUITE 21		3.3 STREET ADDRESS	MIAMI, FL 33'	7		
CITY-ST-ZIP	<u>MIAMI FL 33172-2741</u>	☐ DELETE	11	MITTE 35	Change Addition		
TITLE	•		4.1 TITLE		Solvening Street		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		[] DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE		U DECETE	5.1 TITLE 5.2 NAME				
NAME			5.3 STREET ADDRESS				
STREET ADDRESS			5.4 CITY-ST-ZIP				
CITY-ST-ZIP			0.4 UH T- 3 I- ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change Addition		

6.4 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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS