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PROFIT CORPORATION 1 ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 549573 1. Corporation Name

OBERMEYER ENTERPRISES, INC.

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90030 010 ***150.00



Principal Placi	e or business	Maining Address					
1218 GULF BLV	/D.	1218 GULF BLVD.					
INDIAN ROCKS	BCH FL 34635	INDIAN ROCKS BCH FL 3	14635		DO NOT WED	TE IN THIS COACE	
						TE IN THIS SPACE	·····
					3. Date Incorporated or Qualifed		•
	*				10/19/1977		
2. Principal P	lace of Business 🦼	2a. Mailing Address			4. FEI Number		Applied For
21	j	26			59 -1778863		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22		27			or contracto of characteristics	Fee I	Required
City & State	le (City & State			6. Election Campaign Financing	\$5.0	O May Be
23	4	28			Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the curr	rent year Intangible	. .
24	25	29	30		Personal Property Tax.	☐ Yes	No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New I	Registered Agent	
	224 22 24 23	•	81	Name			
OBE	DUCYED MADY IN			0		_L1_\	-
1218	GULF BLVD.		82	Street Add	dress (P.O. Box Number is Not Accepta	aole)	
וועאו	AN ROCKS BCH FL 34635		83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18 18 18 18 18 34 34 34 34 34 34 34 34 34 34 34 34 34	, etc.) (a) (a)
					一 经现代股份基础的		:銀品管理
	*		84	City		85 Zij	Code ***
ers mar t				<u>L</u>		PL	
	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the abov	re-named corp	poration submits this statement for the tion's board of directors. I hereby accept	purpose of changing i	ts registered
11. Pursuant					don's board of directors: I hereby	pr and appointanton do	.09.5.6.66
office or r	im familiar with, and accept the obliga-	tions of, Section 607.0505, Fl	orida Statutes			• •	· · · · · · · · · · · · · · · · · · ·
office or n agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Flo	orida Statutes	s.		• •	
office or n agent. I a	m familiar with, and accept the obligation Signature, typed or printed name of registered agent	tions of, Section 607.0505, Fl	orida Statutes	S. 	red when reinstating)	DATE	
office or n agent. I a	im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with familiar	tions of, Section 607.0505, Fl	orida Statutes	S. 			
agent. I a	im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with familiar	tions of, Section 607.0505, Floor and title if applicable. (NOT	orida Statutes E: Registered Age	S. 	red when reinstating) ADDITIONS/CHANGES TO OF		
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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 a other like empowered.