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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 553194

1. Corporation Name

INE! OR	SCATNE ISLAND STANDARL), INC.						
Principal Plac	te of Business	Mailing Address				DIBLI BIBLI BIBLI I	11411 ULBIH 1901	
530 CRANDON BOULEVARD KEY BISCAYNE FL 33149 530 CRANDON BOULEVARD KEY BISCAYNE FL 33149								
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į.					3. Date Incorporated or Qualifed		··· }	
					12/06/1977			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
11		26			59-2109149	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5 Certificate of Status Desired	\$8.75 A Fee Re			
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	May Re	
3 1 1		28			Trust Fund Contribution	Added to		
Žip	Country	Zip	Cour	ntry	8. This corporation owes the current year In	tangible .		
	25	29 3	10		Personal Property Tax.		□No	
12.1	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent		
				81 Name				
	ECCO, ANTHONY CRANDON BLVD.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	:		
KEY	' BISCAYNE FL		ŀ	83	The second secon	2 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 14 14 to	
							11000	
				84 City	FL	85 Zip C	ode"	
office or i	registered agent, or both, in the State o	of Florida. Such change was auth	horized	by the corporat	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	intment as reg	gistered	
SIGNATURE	im familiar with, and accept the obligat	ions of, Section 607.0505, Florid	ia Statu	tes.	ired when reinstating) DATE			á
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	ions of, Section 607.0505, Florid and title if applicable. (NOTE: Re D DIRECTORS	ia Statu	tes.	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO	RS IN 12	(86)
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS ANI	ions of, Section 607.0505, Florid and title if applicable. (NOTE: Re	la Statu egistered /	tes.		ND DIRECTOI	RS IN 12	(11/98)
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP A li 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 teceiver 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:

STREET ADDRESS

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90010 005 ***150.00