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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 637041 1. Corporation Name

EEAA NADTH CADD

2200 NO	nin conr.						
Principal Place of Business Mailing Address						 	(E) G(G() (GE)
5500 N ATLANTIC AVE 5500 N ATLANTIC AVE COCOA BEACH FL 32931 COCOA BEACH FL 32931							
OCCUPATION OF THE SECOND OF TH					DO NOT WRITE IN TH	IS SPACE	
*	•				3. Date Incorporated or Qualifed 09/21/1979		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Apr	died For
21		26			59-1953019	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired S8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.00	Mav Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip Cour 29 30			This corporation owes the current year I Personal Property Tax.		□No
24	25 29 30 9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent				Name			
DOBSON, ROGER W			82	05 6 . 4 . 4 . 4 . 4 . 4 . 4 . 4 . 4	(D.O. Bay Number in Not Accontable)		
5500 N ATLANTIC AVE			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
COCOA BEACH FL FL			83				
			84	City	F	85 Zip C	ode
office or re agent. I an	egistered agent, or both, in the State on the State of the state of the obligation of the obligation of the state of the obligation of the state of	of Florida, Such change was autrions of, Section 607.0505, Florid	a Statutes	e-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	or changing its ointment as rec	pistered
	Signature, typed or printed name of registered agent		13.	ii signature requires	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12. TITLE			1.1 TITLE		7.00 T.	Change	Addition
NAME			1,2 NAME				
STREET ADDRESS			1.3 STREET	ADDRESS			}
CITY-ST-ZIP			1.4 CITY- S	T-ZIP			
TITLE			2.1 TITLE			Change	☐ Addition
NAME	· -		2.2 NAME				[
STREET ADDRESS			2.3 STREET	ADDRESS			}
CITY-ST-ZIP	000011001110		2.4 CITY-S	IT-ZIP			
TITLE	SD □ DELETE 3.1 T		3.1 TITLE			Change	Addition
NAME	DOLINANO, EDOLINE IX		3.2 NAME				
STREET ADDRESS	COSC NOTHIN ALBUMO ALE.		3.3 STREET				
C/TY-ST-ZIP	O O O O O O O O O O O O O O O O O O O		3.4. CITY-S	T-ZIP	<u> </u>	☐ Change	Addition
TITLE		DELETE 4.1TI		1		Cloude	[] Addition
NAME	the water of the first term o		4. 2 NAME				
STREET ADDRESS	435		4.3 STREE				}
CITY-ST-ZIP			4.4 CITY-S	T- ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE	•	☐ pere ie	5.1 TITLE 5.2 NAME	ļ			
NAME			5.3 STREET	ADDRESS			
STREET ADDRESS			I	1			

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

☐ Addition