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 # 644957 1. Corporation Name

WHALE HARBOR INN, INC.

Mar 10, 1999 8:00 am	ì
Secretary of State	
03-10-1999 90098 001 ***150.00	

DII DD



Principal Place	e of Business	Mailing Address						
MILE MARKER	83	MILE MARKER 83			•			
P.O. BOX 1109		P.O. BOX 1109			DO NOT WRITE IN THIS SPACE			
SLAMOARDA F	· 13036	ISLAMOARDA FL 33036		3. Date Incorporated or Qualifed				
					11/13/1979			
2. Principal P	lace of Business	2a. Mailing Address	*		4. FEI Number		Ap	plied For
4		26			59-1948896		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
4		27			5. Certificate of Status Desired		Fee Re	quired
City & Stat	e	City & State			6. Election Campaign Financing		\$5.00	
•					Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the curre			□No
<u>-</u>]	25	29 3	0]		Personal Property Tax. 10. Name and Address of New Re			□ NO
	9. Name and Address of Current	Registered Agent		81 Name	TU. Maille and Address Of New Ne	gistered Ay		
ROS	ENTHAL, HENRY L, JR							
	MARKER 81, U.S.1		İ	82 Street Ad	dress (P.O. Box Number is Not Acceptat	ıle)		
	MORADA FL 33036			83	·····			
			l				1 1	
				84 City		FL	85 Zip C	Code
office or n agent. I a	egistered agent, or both, in the State on m familiar with, and accept the obligat	or Florida, Such change was autions of, Section 607.0505, Florid	norized la Statu	by the corpora ites.	tion's board of directors. I hereby accept	ше арропит	ient as ret	gistered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if anglicable. (NOTE: R	egistered	Agent signature requ	ired when reinstating)	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TIT	LE		. [Change	☐ Addition
NAME	ROSENTHAL, HENRY L JR		1.2 NA	ME			;	
STREET ADDRESS	US HWY 1		1.3 ST	REET ADORESS	•			
CITY-ST-ZIP	ISLAMORADA FL 00000		14 CI	Y-ST-ZIP				
TITLE		☐ DELETE	2.1 TIT	LE			Change	Addition
NAME			2.2 NA	ME				
STREET ADDRESS		_	2.3 ST	REET ADDRESS				
CITY-ST-ZIP		C per see		TY-ST-ZIP			Change	Addition
TITLE		☐ DELETE	3.1 TIT		-	L	T change	☐ Addition
NAME .			3.2 NA				.,	
STREET ADDRESS				REET ADDRESS			•	
CITY-ST-ZIP TITLE		DELETE	4.1 TIT	TY-ST-ZIP		r	Change	Addition
NAME		_ 5	4.2 N/		·	-	_ •	
STREET ADDRESS				REET ADDRESS		•		
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELETE	5.1 TIT				Change	Addition
NAME			5.2 NA	ME			4	
STREET ADDRESS			53 ST	REET ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP		_		
TITLE		☐ DELETE	6.1 TIT	LE			Change	☐ Addition
NAME	1		6.2 NA	ME		•		
STREET ADDRESS	_		6.3 ST	REET ADDRESS				
	l		# 64 CD	V 0T 710				

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.

SIGNATURE:

E OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)