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PROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 674650 (7) 1. Corporation Name TIDES ENTERPRISES, INC.							
Principal Place of Business 3008 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228		Mailing Address  3008 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228		* 1 200 (10 816) 1 00 (10 818) 4 6 (18) 1 01)	oone albel aldel Albel Dis	IIL BIREH BIRUH IRRI	
					3. Date Incorporated or Qualified 06/16/1980	3a. Date of Last 04/25/19	Report
2. Principal Pla 21	ace of Business	2a. Mailing Addri	ess		4. FEI Number 59-2005927		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #,	, etc.		5. Certificate of Status Desired		5 Additional
City & State 23	)	City & State			6. Election Campaign Financing	<sub>[]</sub> \$5.0	Required  May Be
Zip	Country 25	Zip	30)	puntry	Trust Fund Contribution  8. This corporation has liability for it Florida Statutes	ntangible tax under s	ed to Fees 199.032,
	9. Name and Address of Curr				10. Name and Address of New Re		
3008 Gt	N, JOHN L. JLF OF MEXICO DR. DAT KEY FL 33548			83	ress (P.O. Box Number is Not Acceptable	las 7	ip Code
11. Pursuant te	o the provisions of Sections 607.050	02 and 607 1508. Florida	a Statutae the al	84 City	ration a books the state of f	<b>L</b> I	•
SIGNATURE	Styriature: tyceof or pre-tod name of registered ago	ont and title if applicable.	(NOTE: Register	pove-named corpor e corporation's boar co Agent signature require		Cose of changing its intment as registered	registered offic d agent. I am
SIGNATURE	Styresture: tycenci or primbed numer of registered ago OF FICERS AI	ont and the if applicable. ND DIRECTORS	(NOTE: Fagesten	Dove-named corpore corporation's boar corporation's poaler corporative requires		Dose of changing its intment as registered that the control of the	registered offic d agent. I am DRS IN 12
SIGNATURE	Styreture typed or pretod name o' registered ago OF FICERS AI STD ROSE, LOIS W	ont and title if applicable.	(NOTE: Register)  13 11E 1, 1	pove-named corpor e corporation's boar co Agent signature require	c when resistativy!	Cose of changing its intment as registered	registered offic d agent. I am DRS IN 12
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SIGNATURE  11.  11ILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Skirature typed or pretod name of registered ago OFFICERS AI STD ROSE, LOIS W 1101 BOGEY LANE LONGBOAT KEY FL PD	ont and the it applicable.  ND DIFIECTORS  DELF	NOTE Registers   13   13   14   15   16   17   17   17   17   18   18   19   19   19   19   19   19	DOVE-named corpore corporation's boar corporation's	c when resistativy!	DOSE OF CHANGING ITS DISTRIBUTION OF CHANGE CHANGE CHANGE CHANGE	registered offic d agent. I am DRS IN 12
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/46 941-383-5595