FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

05-06-1999 90284 034 ***150.00

1. Corporation	A CORPORATION				
Principal Place	of Business	Mailing Address		*	- BIRIT GIBIT BIBIT GIBIT BIBIT (BB)
204 AVE B KEY WEST FL 3 US		204 AVE B KEY WEST FL 33040 US		DO NOT WRITE IN THI 3. Date Incorporated or Qualifed	IS SPACE
				12/15/1980	A-0-4 F
— ~∴ A	ace of Business Kennedy Dr.	2a. Mailing Address		4. FEI Number 59-2054508	Applied For Not Applicable
21 900 L Suite, Apt. i		26 Some		39 2034300	\$8.75 Additional
	≠, etc.	27		5. Certifcate of Status Desired	Fee Required
City & State	, West, FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year I Personal Property Tax.	
24 3 50	9. Name and Address of Curren		30	10. Name and Address of New Registere	
		r regional rigoni	81 Name		
ROGER D. STAKE 2423 SW MURPHY ROAD			82 Street	Address (P.O. Box Number is Not Acceptable)	
PALM	1 CITY FL 34990		83		
			84 City	F	85 Zip Code
SIGNATURE	n familiar with, and accept the obliga		Registered Agent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ADDITIONS	AND DIRECTORS IN 12
TITLE	PD	DELETE	1,1 TITLE		Dehange ☐ Addition
NAME	STAKE, RANDY D.	_	1.2 NAME	GLAKE RANDY D.	
STREET ADDRESS	204 AVE B		1.3 STREET ADDRESS	40 Palmetto Dr.	
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP	Key West, I-L 33040	5
TITLE	STD	☐ DELETE	2.1 TITLE	CT 1	☐ Change ☐ Addition
NAME	STAKE, SONJA		2.2 NAME	Stake, Souja Dr. HO Palmetto Dr.	
STREET ADDRESS	204 AVE B		2.3 STREET ADDRESS	Way West, Fl 33040	
CITY-ST-ZIP	KEY WEST FL 33040		2.4 CITY-ST-ZIP	Key West, FL 33040	☐ Change ☐ Addition
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	STAKE, ROGER D.		3.2 NAME		
STREET ADDRESS	2423 SW MURPHY ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL	□ DÉLETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
THILE		C operie	4. 2 NAME		
NAME			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	3	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	8	

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 changes on an attachment with an address, with all other like empowered.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR