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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90069 013 \*\*\*150.00

	MENT # F76467 Property Inc.					
' (_	170 (44.79)					
Principal Plac	ce of Business Mailing Address					
Cafa	on the Bay					
Cafe on the Bay 2630 Harbourside Dr			DO NOT WRITE IN THIS	SPACE		
Longboat Key, FL 34220			3. Date Incorporated or Qualifed			]
rond	5000 Rey, PL 34228					
	Place of Business 2a. Mailing Address		4. FEI Number	_ <del>                                    </del>	plied For	
	Harbourside 7/26 Same	_	59- 2201052	<del></del>	t Applicable	Ì
Suite, Apt.			5. Certifcate of Status Desired	<b>\$8.75</b> A		
City & Stat	te Z7 City & State		6 Fleeties Compaging Financing		<u> </u>	ł
	gboat Key 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	· 1	
Zip	Country Zip	Country				-
3 42	25 USAX 29 3	0	Personal Property Tax.	☐ Yes	™No	
	Name and Address of Current Registered Agent		10. Name and Address of New Registered A	Agent		
Z-1 .	1 hours of	81 Name	s Letsched			
	Letschert	82 Street Addi	ress (P.O. Box Number is Not Acceptable)			1
1255	5 Cruf stream Ave +708	1255	Guf Stream Au	# 700	2	-
5	50+04 FL. 34236	83				
Jura.	50 FOY   L. 3 1230	84 Sity	isota FL	85 Zip C	ode 12.36	1
11 Duccupet	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes					l
office or r	registered agent, or both, in the State of Florida. Such change was aut	horized by the corporation	on's board of directors. I hereby accept the appoin	tment as reg	jistered	
_	m familiar with, and accept the obligations of, Section 607.0505, Floric	la Statutes.		.1	أمير	
CHONIATURE	1. L. c atschort times			4126	199 1	ĺ
SIGNATURE		egistered Agent signature require	d when feinstaling) DATE	4/26,	199	<u>چ</u>
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS	egistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	1/98)
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R  OFFICERS AND DIRECTORS	4		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(11/98)
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R  OFFICERS AND DIRECTORS  Przs, VP. Sec. Tv. DELETE	13.		D DIRECTO	RS IN 12	
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent and title if applicable. (NOTE: ROFFICERS AND DIRECTORS  Pras, VP. Sec. Tr. DELETE  Titus Let Schent 12.55 Cruff stream Are 703  Sava 30 test K. 3423c	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		D DIRECTO ☐ Change	RS IN 12	CR2E034 (11/98)
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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: THUS Letscher