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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # F9200000767

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90067 013 ***150.00

1100	ANAGEMENT CO.				# 1881188 1110 18118 11811 88111 FEBRU 88111 88111 8	NE RELIE	1 0018 0 08	
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Principal Place	e of Business	Mailing Address			() National contraction of the	1113 MM(\$1 MM)()		11 1991 1991
9 BARRACUDA		9 BARRACUDA LANE						
KEY LARGO FL 33037 KEY LARGO FL 33037					DO NOT WRITE IN TI	HIS SPACE		
US ;		U\$			3. Date Incorporated or Qualifed		·	
·					12/18/1992			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applie	ed For
21		26					Not A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		75 Add	
22		27			C. Octalogic of Status Status		e Requ	
City & Stat	e	City & State			6. Election Campaign Financing	•	00 ма	
23		28	Country		Trust Fund Contribution		ded to	rees
Zip ´	Country	Zip	Country		This corporation owes the current year Personal Property Tax.	Intangible Yes	4	146
24	9. Name and Address of Current	29 30			10. Name and Address of New Register			
 	2. Manie and Wooless of Collent	Logisteren Agelit	81	Name		J		
C T	CORPORATION SYSTEM			<u> </u>				
1200 SOUTH PINE ISLAND ROAD			82	Street Ad	dress (P.O. Box Number is Not Acceptable)			(
PLAI	NTATION FL 33324		83					
						lasi	7:- Co	do
			84	City	F	FL 85	Zip Co	de
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	he above	e-named co	rporation submits this statement for the purpose	of changin	g its re	gistered
office or r	registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida. Such change was autho	rized by	the corpora	tion's board of directors. I hereby accept the ap	pointment a	is regis	sterea
i	in familial with, and accept the congain	ons of, Section 607.0003, Fibrida	oundio.	•				Į
SIGNATURE	Signature, typed or printed name of registered agent				ired when reinstating) DATE			
i		and title if applicable. (NOTE: Regi			ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRE		_
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PVST	and title if applicable. (NOTE: Regi	istered Agen					S IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PVST BRYAN, SUSAN	and title if applicable. (NOTE: Regi	13. 1.1 TITLE 1.2 NAME	it signature requ		AND DIRE		_
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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:

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