May 06, 1999 8:00 am Secretary of State

05-06-1999 90175 031 \*\*\*150.00

## 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 # F9600002260

1. Corporation Name

RESCUE ISLAND, INC.

HEOOOL	IOLANO, INO						
Principal Plac	e of Business	Mailing Address			T (BRITHE LILE SPIER DISH ORNII ORNIS BARS) I	18311 SOLIS 11818 ILB	IN MILE MAIN SANS
2420 ENTERPRISE ROAD		2420 ENTERPRISE ROAD					
SUITE 201 SUITE 201							
CLEARWATER FL 33763 CLEARWATER FL 33763					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed		
					05/06/1996	<del></del>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	<del></del>	Applied For	
21		26		59-3381167	Not Applicable \$8.75 Additional		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional Required	
City & Stat		City & State			Station Committee State of		<del></del>
	e				6. Election Campaign Financing Trust Fund Contribution		D May Be d to Fees
23   Zip	Country	Zip	Country		This corporation owes the current year		2101003
	25	— ·	30		Personal Property Tax.	Yes	□No
24	9. Name and Address of Current		301		10. Name and Address of New Registe		
<del></del>	3. Name and Address of Carteni	Trogisteros rigorit	81	Name			4-8-
CRE	SCIONI, CHARLES S						
	ENTERPRISE ROAD, SUITE 200		82	Street Add	fress (P.O. Box Number is Not Acceptable)		
	ARWATER FL 33619		83				
= <b></b> -				_			
	_		84	City		FL 85 Zip	Code
A 607 0500 1007 4500 51 11 0444			the char				te registered
office or r agent. I a	egistered agent, or both, in the State om familiar with, and accept the obligati	f Florida. Such change was au ons of, Section 607.0505, Flor	ithorized by ida Statutes	the corporat	poration submits this statement for the purpos ion's board of directors. I hereby accept the a	ppointment as I	registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Peristered Anan	t signature requir	red when reinstating) DAT		<del></del>
12.	OFFICERS AND		13.	t agrature requi	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	C	DELETE	1.1 TITLE			☐ Change	
NAME	KUEHL, EBERHARD		1.2 NAME				
STREET ADDRESS	2420 ENTERPRISE ROAD, SUITE	F 201	1.3 STREET	ADDRESS			
	OLEADMATED EL 04000						
CITY-ST-ZIP TITLE	VCS DELETE		1.4 CITY-ST-ZIP			Change	Addition
							<b>LLJ</b>
NAME	O'NEILL, PATRICK		2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS	39312 BYERS			1			
CITY-ST-ZIP	STERLING HEIGHTS MI 48310		2.4 CITY-ST-ZIP			☐ Change	Addition
TITLE	_ ===					Ondrigo	
NAME	CRESCIONI, CHARLES S	- 000	3.2 NAME				
STREET ADDRESS	2420 ENTERPRISE ROAD, SUITI	E 200	3.3 STREET				
CITY-ST-ZIP	CLEARWATER FL 33619	☐ DELETE	3.4. CITY-S	T-ZIP		☐ Change	e
TITLE		□ DELETE	4.1 TITLE			Onlinge	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	1			
CITY-ST-ZIP		- C nei Ete	4.4 CITY-S	r-2IP		- Doba	A delition
TITLE		☐ DELETE	5.1 TITLE			Change	e Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP			5.4 CITY- ST	r-ZIP	<u> </u>		
TITLE		☐ DELETE	6.1 TITLE	ĺ		☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			

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 tristee 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.

6.4 C/TY-ST-Z/P

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THATWEE REQUIRED

Daytime Phone #