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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # E9800005090

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90029 043 ***150.00

1. Corporation	n Name	0,0000				}			
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KEY WEST FL 33040 KEY WEST FL 33040						DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifed			
						09/10/1998			,
2 Dringing D	lace of Business	2a. Mailing Address				4. FEI Number		Α.	oplied For
	lace of business.	— ⁻ .				36-3480431			ot Applicable
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Suite, Apt.	#, etc.	}				5. Certificate of Status Desired	□ :		equired
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City & State	e	⊢				Election Campaign Financing Trust Fund Contribution	· 🗆		May Be to Fees
23		28	<u> </u>	ountry		 			101 003
Zip	Country	Zip		Junitry		8. This corporation owes the curre	ent year inte	angible ⊠Yes	□No
24	25	[29]	30			Personal Property Tax. 10. Name and Address of New R	ogistored /		
- 10	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New K	egistereu /	Agent	
JA/AT	LACE, GARY P	d of hid to be		"	Name			•	·]
. VV/ILI	EATON'ST.			82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
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				•	-		FL		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Sta	tutes, the	above	-named corpo	oration submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State	e of Florida. Such change wa ations of Section 607.0505	s authorize Florida Sta	ed by t	the corporation	oration submits this statement for the noise board of directors. I hereby accept	t the appoir	nunem as re	gistered
agent. I a	egistered agent, or both, in the State im familiar with, and accept the obliga-	e of Florida. Such change wa ations of, Section 607.0505,	s authorize Florida Sta	ed by t atutes.	the corporation	n's board of directors. I hereby accep	t the appoir	ionem as re	igistered
office or n agent. I a	im familiar with, and accept the obligation	ations of, Section 607.0505,	rionua sta	atutes.		n's board of directors. I hereby accep	t the appoir		gistered
agent. I a	m familiar with, and accept the obligation of th	ations of, Section 607.0505,	rionua sta	red Agent			DATE	•	
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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 of 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, of the receiver or trustee empowered.