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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G20383

(7)

NIEL V. MUIR, INC.

FILED Apr 28 1997 8:00am Secretary of State

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Principal Plac	ce of Business	Mailing Add	ress			· f f#Birli den tibit bild tilli talba ter asatt billi billi killi atast asatt till			
130 OCEAN BAY DR		P.O. BOX 2388 KEY LARGO FL 33037-7388							
#8 Key largo f	EL 33037	US LAMOO	FL 33U37-730	ю					
US	·					3. Date Incorporated or Qualified		e of Last	Report
• Principal I	Place of Business	2a. Mailing A	Address			01/26/1983 4. FEI Number	1 0//0	2/1996	Applied For
21 26			aling Address			59-2768324	Not Applicable		
Suite, Apt	#, etc.		Suite, Apt. #, etc.				60 75 Addis		
22		27				5. Certificate of Status Desired			Required
City & Sta	te	City & St	ate			6. Election Campaign Financing		\$5.00	May Be
23		28		····		Trust Fund Contribution		Addec	to Fees
Z(ρ —γ	Country	Zip		Country		8. This corporation has liability for in			s. 199.032,
24	25 g. Name and Address of Curre	29	nt	30		Florida Statutes 10. Name and Address of New Rec	Yes _		····
	·	ent nagratered Age		B1	Name	IV. Hamb and Address of New Ret	Marai en W	Rolle	
	Foya, Kenneth J.) Ocean Bay Dr								
	Y LARGO FL 33037			82	Street Add	iress (P.O. Box Number is Not Acceptabl	e)		
INE	I EMIGO I E 9993)		-	83					
				-			.,	T=1 =:	-0-3
				84	City		FL		Code
agent + SIGNATURE						poration submits this statement for the partition's board of directors. I hereby acception in the partition of the partition	DATE		
12.		ND DIRECTORS		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC		DIRECTO	PRS IN 12
titul	P		DELETE	1.1 TITLE	T			Charige	
NAME	TAFOYA, KENNETH J.			1.2 NAME					
STHEET ADDRESS	130 OCEAN BAY DR		•	1.3 STREET	ADDRESS				
CITY ST-ZIP	KEY LARGO FL			1.4 CITY - S	T-ZIP				
TiliE	ST		DELETE	2.1 TITLE				Change	☐ Addition
NAME	TAFOYA, MARTIE			2.2 NAME					
SURELL ADDRESS				2.3 STREET	ADDRESS				
CrTa - ST - ZIP	KEY LARGO FL		Dei ere	2. 4 CITY-5	IT - ZIP		·	- Al-	THE CAPPER
THE		L	DELETE	3.1 TITLE			i	Change	Addition
NAME PROFESSION				3.2 NAME	***DDCCC				
STREET ADDRESS				3.3 STREET	i .				
Caty - St - ZiP Title		Т	DELETE	3.4. CITY - : 4.1 T(TLE	1 - EIP			Change	Addition
NAME				4. 2 NAME			•		
STREET ADORESS				4.3 STREET	ADDRESS				
City-St Zif				4.4 CITY - S					
10116			DELETE	51 TITLE				Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				53 STREET	ADDRESS				
Offy ST-769				5.4 CITY - S	T-ZIP				
HILI	The state of the s		DELETE	6.1 TITLE				Change	Addition
HAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY - ST - Z0°				6.4 CITY - S	T-ZiP				

14. I do nereby 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 Laman officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 9 ock 13 if changed to be a statuted with an address appears in Block 12 or B ock 13 if changed or or

SIGNATURE:(

KennemJTAPOYA

305 45/800/