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**

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90179 024 ***150.00

i, corporatio	MENT # G JE BUSINESS PA					4 18		14 678 0 124 013 11 0	1811 818 11 8 1811	
Principal Plac 4125 EAGLE A	VE	41	Mailing Address 4125 EAGLE AVE							
KEY WEST FL 33040-4526 US			KEY WEST FL 33040-4526 US				DO NOT W	RITE IN THIS	SPACE	
03		Ü.	•			3. Date not	orporated or Qualife			
2. Principal P	Place of Business	2a	Mailing Address			4. FEI Num			Ap	olied For
21		26				<u> </u>	1052		No	t Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			5. Certificate	e of Status Desired		\$8.75 / Fee Re	
City & Stat	te	28	City & State	<u></u>			Campaign Financing nd Contribution	,	\$5.00 Added t	,
Zip	Count	·	Zip	Count	ry		oration owes the cu	rrent year Int	angible	XINo
24	25	[29]		30			Property Tax.	Pagistar -		IA/NO
	9. Name and Addr	ess of Current Regis	stered Agent	- 8	1 Name	10. Name ar	nd Address of New	Registerea	Agent	
AKERS, BASIL 4:125 EAGLE AVE. KIEY WEST FL 33040						Iress (P.O. Box N	lumber is Not Accep	table)		
					i4 City		<u> </u>	 FL	85 Zip C	ode
SIGNATUF:E	Signature, typed or printed na	e of registered agent and title		: Registered A	gent signature require			DATE		
12.		OFFICERS AND DIRE		13.		ADDITION	S/CHANGES TO O	FFICERS AN	Change	Addition
TITLE	-TS		☐ DELETE	1.1 TITUS	1				□ cuange	[] vagition
NAME	AKERS, BASI D.			1 2 NAMI						
STREET ADDRESS	4125 EAGLE AVE. KEY WEST FL 330	44		1	ET ADDRESS					
CITY-ST-ZIP TITLE	MR	41	☐ DELETE	1.4 CITY 2.1 TITLE					Change	Addition
	FARKOV, KIRIL		Ell Debe le	2.1 HTC					_ 33-	
NAME STREET ADDRE.;S	14 4000T DI 470	ENT 3 APT 39		r	ET ADDRESS					
CITY-ST-ZIP	-SOFIA-BU	-			ST-ZIP					
TITLE	-		☐ DELETE	3.1 TITLE					Change	Addition
NAME				3.2 NAM						
STREET ADDRESS				3.3 STR	ET ADDRESS					
CITY-ST-ZIP				3.4. CITY	-ST-ZiP					
TITLE			☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME				4. 2 NAM	E					i
STREET ADDRES S				43 STRE	ET ADDRESS					
CITY-ST-ZIP				4.4 CITY	ST-ZIP					
TITLE			☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME				5.2 NAM						}
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP				5 4 CITY						
TITLE	I		□ DELETE	6.1 TITLE	: 1				Change	☐ Addition ☐

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 a nual 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 dorporation of the

6.4 CITY-ST-ZIP

6.2 NAME

63 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)