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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G60896**

STAAP CORPORATION									
Principal Place of Business	Mailing Address			(1001111 2010 6111	,	167 8 8 171 9 1 9 13	#1#11 #1#1? I	#1#11 #1#11 #1#11 1##1	
3314 NORTHSIDE DR. #210-A P. O. BOX 5432 KEY WEST FL 33040 US P. O. BOX 5432 KEY WEST FL 33040 US			D	DO NOT WRITE IN THIS SPACE					
				J =• • • • • • • • • • • • • • • • •	3. Date Incorporated or Qualifed				
				09/23/1983					
2. Principal Place of Business	2a. Mailing Address			4. FEI Number			_	Applied For	
21 1901 5 Roosevelt Blvd			-	65-0051952			ــــــــــــــــــــــــــــــــــــــ	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Statu	s Desired			75 Additional se Required	
22 207N	27				3, Optimization States Desired				
City & State 23 Key West FL	City & State			6. Election Campaigr Trust Fund Contrib	_			.00 May Be ided to Fees	
Zip Country 24 33040 [25]	Zip 30	Country	,	This corporation o Personal Property		rent year li	ntangible Yes		
9. Name and Address of Current Registered Agent			10. Name and Addre	10. Name and Address of New Registered Agent					
		81	Ti	ame					
Green, Phillip L.		82	+	reet Address (P.O. Box Number is	ddress (P.O. Box Number is Not Acceptable)				
1901 S ROOSEVELT BLVD			1	100() (02,000 (1,0),000 (1,0)					
207N		83	T						
KEY WEST FL 33040	•	<u> </u>	L					- O. d.	
		84	Ţ'	ity		F	L 85	Zip Code	
Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stal agent. I am familiar with, and accept the obligation.	te of Florida. Such change was author	ized by	' th	med corporation submits this state corporation's board of directors. I have been supported to the corporation of the corporatio	ment for the nereby acce	purpose o	of changir cintment	ng its registered as registered	

e of changing its registered ppointment as registered SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE Change 1,1 TITLE TITLE GREEN, PHILLIP L. 1.2 NAME NAME 1901 S. Roosevelt Blud., 207N 1901 ROOSEVELT BLVD #207N 1.3 STREET ADDRESS STREET ADDRESS KEY WEST FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP City-ST-ZIP ☐ Addition ☐ DELETE 3.1 TITLE ☐ Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 path, that I am an 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 comparation or the receiper or tracte empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of Block 12 or Block 1 all other like empowered Phillip L. CREEN

SIGNATUR

SIDENT

FILED

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90197 015 ***150.00

CR2E034 (11/98)