## 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 # H16713** 1. Corporation Name

UG EN	HENPHISES, INC.				   (#4101)	INI SICI! SISII BIBII BIBII	81811 <b>8</b> 1811 1881
Principal Plac	ce of Business	Mailing Address			(BAINT 876)	eit Atate avart nifet bibit	01915 B}B\$1 1891
135 KEY HAVE		135 KEY HAVEN RD					
KEY WEST FL 33040 KEY WEST FL 33040 US					DO NOT WRITE IN THIS SPACE		
State					3. Date Incorporated or Qualified	IT THIS OF AGE	
, A					08/13/1984		
Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
21		26		<u> </u>	59-2459286	N <sub>1</sub>	ot Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Desired	7	Additional
22		27					equired
City & State City & State					6. Election Campaign Financing	,	May Be
Zip	Country	28 Zip	ip Country		Trust Fund Contribution		to Fees
24	25	<u>,                                    </u>	30	• •	This corporation owes the current Personal Property Tax.	year mangible Yes	□No
	9. Name and Address of Currer	<del></del>	100		10. Name and Address of New Regi		
			8	1 Name			
BAT	TILLO, JOHN		8	2 Street Add	ress (P.O. Box Number is Not Acceptable	<u> </u>	
	KEY HAVEN RD		٦	2 Olleet Add	iless (1.0. box Humber is Not Acceptable	<i>,</i> 	
KEY	WEST FL 33040	69	8	3	Na.		1 2 2
MENTION OF THE STATE OF THE STA			8	4 City			Code
10 464 17.1		4.6 Att (AMS) 190	٦	July		FL   S   Z	0000
l ∩ office or i	registered agent, or both, in the State	of Florida. Such change was a	uthorized b	v the corporati	poration submits this statement for the purp ion's board of directors. Thereby accept the		
-	am familiar with, and accept the obliga	itions of, Section 607.0505, Flo	nda Statute	es.	ion's board of directors, i nereby accept the	<b>化水杨醇</b>	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Ag	ent signature require	·	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	ORS IN 12
TITLE	PD	☐ DELETÉ	1,1 TITLE		1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change	Addition
NAME	BATTILLO, JOHN		1.2 NAME				
STREET ADDRESS			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	KEY WEST FL		1.4 CITY-				
TITLE	T STATE OF STATE STATE	☐ DELETE	2.1 TITLE			Change	Addition
NAME	BATTILLO, CHIANG FONG	4	2.2 NAME	1			
STREET ADDRESS	_ · · · · · · · · · · · · · · · · · · ·			ET ADDRESS			
CITY-ST-ZIP	KEY WEST FL	DELETE	2. 4 CITY-			Change	□ Addition
TITLE TOTAL	S . JEFFRY ECKARD	Ċ pere ie	3.1 TITLE		•	☐ Change	Addition
NAME	ACCOUNT AND		3.2 NAME	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	KEY WEST FL		3.4. CITY-				
TITLE	· ·	☐ DELETE	4.1 TITLE		<u> </u>	Change	Addition
NAME .		•	4. 2 NAME				
STREET ADDRESS		in A	4.3 STREE	ET ADDRESS	•		
CITY-ST-ZIP		•	4.4 CITY-	i	•		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	:	, •		
STREET ADDRESS	954-00		5.3 STREE	ET ADDRESS			
CITY-ST-ZIP	3		5.4 CITY-	ST-ZIP			
TITLE	EL CONTRA NOT TO	☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS	Programme Company		6.3 STREE	ET 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 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, or an attantiment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90048 044 \*\*\*150.00

CR2E034 (11/98)