

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

DOCUMENT 1

058097


FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90006 001 *****8.75

03-17-1999 90006 002 ***150.00



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # H93631 | | | | | |
| 1. Corporation Name THE SCARLET MACAW OF FISHERMEN'S VILLAGE, INC. | | | | | |
| Principal Place of Business % PEGGY P. MATSKO K-17 1200 RETTA ESPLANADE PUNTA GORDA FL 33950 | | | Mailing Address K-17 1200 RETTA ESPLANADE PUNTA GORDA FL 33950 US | | |
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 3. Date Incorporated or Qualified 01/08/1986 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 59-2633883 | |
| City & State 23 | | City & State 28 | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 | | Country 25 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country 25 | | Zip 29 | | 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent MATSKO, PEGGY P. K-17 1200 RETTA ESPLANADE PUNTA GORDA FL 33950 | | | 10. Name and Address of New Registered Agent | | |
| | | | 81 Name | | |
| | | | 82 Street Address (P O. Box Number is Not Acceptable) | | |
| | | | 83 | | |
| | | | 84 City FL 85 Zip Code | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 12 NAME | | | | | |
| 13 STREET ADDRESS | | | | | |
| 14 CITY-ST-ZIP | | | | | |
| 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 22 NAME | | | | | |
| 23 STREET ADDRESS | | | | | |
| 24 CITY-ST-ZIP | | | | | |
| 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 32 NAME | | | | | |
| 33 STREET ADDRESS | | | | | |
| 34 CITY-ST-ZIP | | | | | |
| 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 42 NAME | | | | | |
| 43 STREET ADDRESS | | | | | |
| 44 CITY-ST-ZIP | | | | | |
| 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 52 NAME | | | | | |
| 53 STREET ADDRESS | | | | | |
| 54 CITY-ST-ZIP | | | | | |
| 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 62 NAME | | | | | |
| 63 STREET ADDRESS | | | | | |
| 64 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEGGY P. MATSKO

Date

1/19/99

Daytime Phone #

441 6398801

CR2E034 (11/98)