02201999_90032.013_\$150.00_\$150.00 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.06

CORPORATION³ **ANNUAL REPORT** 1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90032 013 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J13199 1. Corporation Name

Principal Place of Business

HOLIDAY IND BOOKSTORE

KEY LARGO PROPERTIES, INC.

AN OVERSE	AS LIGHAYAY	KEY LARGO FL 33037				1	•					
99701 OVERSEAS, HIGHWAY KEY LARGO FL 33037 KEY LARGO FL 33037 US US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
						1	05/07/1986	_			- }	
Principal f	Place of Business	2a. Mailing Address			_	4.	FEI Number		$-\tau$	Applied For	┥	
26							59-2674390			Not Applicable	_	
Suite, Apt. #, etc. Suite, Apt. #, etc.									\$8.7	5 Additional	7	
27						5.	Certificate of Status Desired	Fee Required			-	
City & State City & State						6. Flection Comparing Financing \$5.00 May Co.					┪	
						Trust Fund Contribution	' · 🗆		led to Fees			
Zip Country Zip			Cou	Country			This corporation owes the cur	ment year Int			٦.	
	25	29	30			-	Personal Property Tax.	morn year, my	☐ Yes	□No	-	
	9. Name and Address of Current	Registered Agent			•	10.	Name and Address of New	Registered	Agent		_	
				81	Name						7	
INGALLS, JOYCE ANN					0						_	
HOLIDAY IN DOCKSTORE				B2 Street Address (P.O. Box Number is Not Acceptable)							1	
997	01 OVERSEAS HIGHWAY			B3							┪	
KEY	LARGO FL 33037						•				_	
				84	City			FL	85 2	ip Code	1	
Dureupal	to the provisions of Sections 607,0502	and 607 1509 Fledde Statu	doe the e	bout	amad sama	mtion	aubaite this statement for the			Um malatagagi	┥	
office or i	registered agent, or both, in the State o	f Florida. Such change was a	authorized	d by th	corporation	's bo	ard of directors. I hereby acce	ept the appoi	ntment a	s registered		
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Fig	orida Stat	utes.							-	
NATURE												
	Signature, typed or printed name of registered agent OFFICERS AND		E: Registered	Agent :	pnature required v		ADDITIONS/CHANGES TO OF	DATE .	5 6 mc	TOOD III 40	⊣ જ્ર	
	PD	DELETE	1.1 TI	n c			DUTTONS/CHANGES TO OF	-FILERS AN	☐ Chan		(11/98)	
	HENDRICKS, JAMES W.	- DELETE					•		∪ cran	Be ⊡ wonmou	<u>' </u> =	
	I AA ADABEEKA LAL		1,2 N						•		R2E034	
ET ADDRESS			1.3 \$1	REETA	ORESS !							
ST-ZIP	KEY LARGO FL		_	14 CITY-ST-ZIP								
•	DV	☐ DELETE	2.1 Ti	TLE					Chan	ge 🗀 Addition	م ار،	
Ē	HENDRICKS, JAMES W., JR.		2.2 NA	WE							J	
ET ADDRESS			2.3 ST	REET A	ORESS				•	•	ĺ	
-5T-ZIF	KEY LARGO FL		2.40	TY-81-	P			•			_]	
	-	☐ DELETE	31 TIT	NΕ				_	Chang	ge 🔲 Addition	ብ .	
•			32 NA	WE		_				· ·	1 ·	
ET ADDRESS			3.3 81	REET A	DRESS						1	
ST-ZIP			3.4 CI	TY-ST-	p							
<u></u>		OELETE	_	1E= -		=			Chang	e 🖪 Addition	, 	
:			4, 2 N	ME						_	1	
ET ADDRESS				REET AL	10000							
ST-ZIP			4		l l						1	
31-2P		☐ DELETE	5.1 TR	TY-ST-Z					Chang	e Addition	Η.	
		المستدرات	5.1 III							r ⊟romanı	1	
1				me Reetal	nocee		•					
ET ADDRESS												
ST-ZIP		Deceme	5,4 C/T 8.1 TITI	Y-57-Z						. D		
1		☐ DELETE							☐ Chang	e Addition	1	
			6.2 NA								1	
			6.3 STI	REETAD	RESS				1		1	
ET ADURESS				Y-ST-Z			1		<u> </u>		j	
ET ADDRESS ST-ZIP												
ST-ZIP	ertify that the information supplied with	this filing does not qualify for	the exen	nption	stated in Sec	tion	(9.97(3)(I), Florida Stakutes.	further certif	y that th	a information		
Sf-ZIP t hereby of indicated of officer or of	ertify that the information supplied with on this annual report or supplemental a director of the corporation or the receive	this filing does not qualify for national report is true and accurate or trustee employment to e	the exentrate and to xecute this	nption that m is refer	stated in Sec / signature sh rt as required	tion the	1/9.97(3)(I), Florida Statinist.) Ave ine same legal effect as it Chapter 607./Florida/Statinist	further certif made under and that my	y that the oath; the name ar	e information et I am an poears in		
Sf-ZIP t hereby of indicated of officer or of	ertify that the information supplied with on this annual report or supplemental a director of the corporation or the receive or Block 13 if changed, or on an attachr	this filing does not qualify for naual report is true and accu- er or trustee empowered to e- nent with an addless, with all	the exen rate and t xecute thi other like	nption that m is refu e en p	stated in Sec signature st rt as required wered	tion half b	1/8.07(3)(I), Florida Statutés.) Ever the sama regal effect as fi Chapter 607. /Florida Statutes;	further certif rnade under and that my	y that the oath; the name ap	e information at I am an opears in	_	
Sf-ZIP t hereby of indicated of officer or of		this filing does not qualify for natural report is true and accu- er or trustee empowered to e- nent with an addless, with all	the exentrate and to xecute this other like	nption that m is refer	stated in Sec r signature st rt as required wered	tion half to	138.97(3)(I). Florida Statutes:) Evry the same fedal effect as it Chapter 607. Florida Statutes:	further certification in the c	y that the oath; the name ap	e information at I am an opears in	Sc.	