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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90089 028 ***150.00

DOCUMENT # J15699

1. Corporation Name

ISLE OF ST. JOHNS, INC.

						i				
Principal Place	of Business	Mailing A	Address				T (MANAGO DIDI ANKA) MANA		LICH STOLL SIGN I	
% ROBERT A. KOGER		% ROBERT A. KOGER			i					
1050 LUGO AVE.		1050 LUGO AVE.								
CORAL GABLES FL 33156		CORAL GABLES FL 33156				DO NOT WRITE IN THIS SPACE				
US		US					3. Date incorporated or Qu 05/15/1986	ualifed		
2. Principal Pl	ace of Business	2a. Mailit	ng Address				4. FEI Number		Ap	plied For
21		26	_				59-2674118		No	t Applicable
Suite, Apt.	#, etc.		, Apt. #, etc.			_			\$8.75 A	dditional
22	والمراجعين والأمراء الأثيا	27	ير بالسيد ال	-			5. Certifcate of Status Des	ired 🗆	· Fee Re	quired
City & State	e	City	& State				6. Election Campaign Fina	ncing	\$5.00	May Be
23		28					Trust Fund Contribution	- 11	Added to	
Zip	Country	Zip.		Coun	try		8. This corporation owes ti	ne current year In	tangible	
24	25	29		0			Personal Property Tax.		☐Yes	□No
	9. Name and Address of Curren	t Registered	Agent				10. Name and Address of	New Registered	Agent -	
				7	11 Nam	е		,		
	ER, ROBERT A.			-	2 Stree	4 0 4 4	- (D.O. Boy Number is Not A	l secontable)		
1050 LUGO AVE.				}'	Stree	a Addres	ress (P.O. Box Number is Not Acceptable)			ì
COR	AL GABLES FL 33156		•	T	13					
				L					<u>, </u>	
				- }8	64 City			FL	85 Zip 0	Code
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Sur	ch change was aut	horized l	by the coi	d corpor poration	ation submits this statement 's board of directors. I hereby	for the purpose of	changing its	registered gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section	on 607.0505, Florid	la Statut	es.					l
SIGNATURE	Signature, typed or printed name of registered ager	· · · · · · · · · · · · · · · · · · ·	Si- MOTE B				vhen reinstating)	DATE		
12.	OFFICERS AN	 -		13.	gent signatur	e redizired a	ADDITIONS/CHANGES		ND DIRECTO	RS IN 12
TITLE	DP	DINEOTO:	DELETE	1.1 TITL	=	_			Change	Addition
NAME	KOGER, ROBERT A.			1		1				
STREET ADDRESS				# 12 NAM	F]
STREET ADDRESST				1.2 NAM				•		
1	1050 LUGO AVE.			1.3 STR	ET ADDRES	s				
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14. I hereby certify that the information supplied with this filipy 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:

CITY-ST-ZIP

REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR