05-01-1999 90038 043 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCU	MENT # <b>J2241</b> 5						
1. Corporation	PIRIT OF MADEIRA BEACH,	INĊ.					
THEE OF	IIII OI MADEMA DEADM	1110			I 1881110 BIIO 11810 11811 BIBD 11801 BIBC 8118 BIB	I ALGER BIGH GIGH OF	
,	e e						
Principal Place of Business Mailing Address					I (SE((IS BILLS (ISAS )ISAS GES) (ISAS SAL SIZ)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
13417 GULF LANE P.O. BOX 8127							
Madeira Beac	CH FL 33708-9537	MADEIRA BEACH FL 33738 US		DO NOT WRITE IN THIS SPACE			
	,	00		•	3. Date Incorporated or Qualifed		
				<u> </u>	07/03/1986		
Principal Place of Business Za. Mailing Address					4. FEI Number		plied For
21		26		59-2693461	\$8.75 A	t Applicable	
	Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Re	
City & Stat	27				6. Election Campaign Financing	\$5.00	<del></del> -
23	28				Trust Fund Contribution	Added to	
Zip			Countr	Country 8. This corporation owes the current year Intangible			
24	25	29 3	10		Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent		4	10. Name and Address of New Registere	d Agent	
GEO	RGES, RICHARD M.		8	1 Name			
3656 FIRST AVENUE			8:	2 Street A	Address (P.O. Box Number is Not Acceptable)		
ST. PETERSBURG FL 33713			8				
						<del></del>	
			8-	4 City	· F	85 Zip C	Jode
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	the abo	ve-named o	corporation submits this statement for the purpose	of changing its	registered
office or a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was aut	лоптеа п	v tne cordo	ration's board of directors. I hereby accept the app	ointment as req	gistered
l	•					<u> </u>	
OLONY TO VE	Signature, typed or printed name of registered age		•	ent signature re	quired when reinstating) DATE	ALID DIDECTO	DO IN 40
12.	PD OFFICERS AN	ND DIRECTORS	13.	<del>. </del>	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	NASTARI, SAMUEL E.	O DEFETE	1.2 NAME			<u> </u>	
STREET ADORESS				ET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-		•		
TITLE			2.1 TITLE			Change	☐ Addition
NAME	SPAETH, ROBERT A.		2.2 NAME	:			
STREET ADDRESS	13417 GULF LANE		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MADEIRA BCH FL		2. 4 CITY	-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME -	· -	. معيير ر	3.2 NAME			•	,
STREET ADDRESS	1			ET ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 TITLE	-		Change	☐ Addition
NAME	<u>.</u>	OCCC,C	4. 2 NAM				_
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-				
TITLE		☐ DELETE	5.1 TITLE	-		Change	Addition
NAME	•		5.2 NAME	:	, ·		
STREET ADDRESS			5.3 STRE	ET ADORESS			
CITY-ST-ZIP			5.4 CITY-				بناد د م (اسما
TITLE		☐ DELETE	6.1 TITLE	į		☐ Change	Addition
NAMÉ			6.2 NAME	ET ADDRESS	•		
STORET ADDRESS	<b>!</b>		0.3 SIKE				

6.4 C!TY+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 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 pranged, of on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS