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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J62947**

1. Corporation Name
COMMODORE COUNTRY, INC.



Principal Place of Business
 9125 US HWY 19 N
 PINELLAS PARK FL 33782
 US

Mailing Address
 9921 US HIGHWAY 19 NORTH
 PINELLAS PARK FL 34668-5406
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26	9125 US HWY 19 NORTH	03/12/1987		59-2781966		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75		Additional Fee Required	
22		27		<input type="checkbox"/>		5.00		May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing		Trust Fund Contribution		<input type="checkbox"/>	
23		28	PINELLAS PARK, FL	8. This corporation owes the current year intangible Personal Property Tax.		<input type="checkbox"/>		Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	33782	30	US		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
SCHATZEL, PETER C/O PEEL, BARKER, SCHATZEL & WELLS 500-94TH AVE NORTH ST. PETERSBURG FL 33702				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREICH, ELLEN L	1.2 NAME	
STREET ADDRESS	3109 MASTERS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33761	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEAMAN, ROBERT L	2.2 NAME	DT BEAMAN, ANNT.
STREET ADDRESS	4348 43RD ST SOUTH	2.3 STREET ADDRESS	4348-43RD ST. SOUTH
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Ellen Streich, Pres* ELLEN L STREICH 3-10-99 579-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)