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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J67857

1. Corporation Name

NORTH JETTY FISH CAMP, INC.

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90023 046 ***150.00



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Principal Place of Business Mailing Address						r somative anna dent comen entre Menici	r 1885/10 0110 65111 10801 18103 85111 1881 81811 81811 81811 81811 81811 81811			
1000 S. CASEY	r key rd.	1000 S. CASEY KEY RD.								
NOKOMIS FL 34275 NOKOMIS FL 34275			FL 34275			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			_	
1						04/08/1987				
2. Principal P	Place of Business	2a. Mailir	ng Address			4. FEI Number		h	plied For	
21 Siste Apt		26				59-2802296			t Applicable	-
Suite, Apt.	*#, etc.		, Apt#, etc	<u> </u>		5. Certificate of Status Desired		\$8.75 A		ļ., .
City & Stat		27 City 8	& State			6. Fleeting Compaign Financing		\$5.00	<u> </u>	ł
⊢ ¬ -	le:	28	a Olato			Election Campaign Financing Trust Fund Contribution		Added t	•	l
23		Zip				8. This corporation owes the current	t year Intar	ngible		
24	25	29	30			Personal Property Tax.		⊋Yes	□ No	
[9. Name and Address of Current	Registered	Agent			10. Name and Address of New Reg	gistered A	gent		ļ
	ONED MADELINE			81	Name					
	VYER, MARILYN B. PALMETTO CRESCENT			82	Street Ad	ddress (P.O. Box Number is Not Acceptable	e)			
	COMIS FL 34275			83	1					
	10,110									}
				84	City		FL	85 Zip (Code	ŀ
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.150	08, Florida Statutes,	the abov	re-named co	orporation submits this statement for the pu	mose of cl	hanging its	registered	1
office or r	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida, Suc	ch change was auth	orized by	the comor:	ation's board of directors. I hereby accept the	he appoint	ment as re	gistered	
SIGNATURE										
JOHATORE										}
	Signature, typed or printed name of registered agen				nt signature req	uired when reinstating)	DATE		-0.01.40	وَ
12.	OFFICERS AN		RS	13.	nt signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND		_	100
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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:

CITY-ST-ZIP

941 - 488 - 2408