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

PROFIT CORPORATION **ANNUAL REPORT**

1998



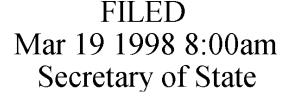
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)



ISLAND I	rnurellen senviue, ii	WO.				
Principal Place of Business		Mailing Address				
5638 3RD AVE SI KEY WEST FL 33040		5638 3RD AVE SI KEY WEST FL 33040			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 04/30/1987
Principal Place of Business The Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For 59-2816046 Not Applicable
Suite, Apt. #, etc		Suite, Apt #, etc.				¢0.75
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State	· -			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Žιρ	Country	Zipi	Cour	ntry		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tex due June 30. Yes No
g. Name and Address of Current Registered Agent				T		10. Name and Address of New Registered Agent
	HAM, THOMAS J.		[,	81	Name	
113 SAWYER DRIVE			ļ.	82	Street Addre	ess (P.O. Box Number is Not Acceptable)
SUMI	MERLNAD KEY FL 33042		L			
			[4	83		
			1	84	City	Fi 85 Zip Code
office or regis	e provisions of Sections 607.050 tered agent, or both, in the State miliar with, and accept the obliga	of Florida, Such change was	is authorized	l bv	the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
Ť	miliar with, and accept the obliga	anons of, Section 607.0303, i	riorda Sialu	nes.	i.	
SIGNATURE Signal	nure, typed to proted name of registered ages	of and title if application (N	IOTE Registered	Ager	nt signature require	ed when reinstaling) DATE
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	☐ DELETE	1.1 TH	LE	P	☐ Change ☐ Addition
NAME	GRAHAM, THOMAS J.		1.2 NAM	1.2 NAME		GARLEM LEGION - C
STREET ADDRESS	113 SAWYER DRIVE		1.3 STP	REET A	ADDRESS	
CITY-ST-ZIP	SUMMERLAND KEY FL		1.4 CiT	Y-ST	r-ZIP	
TITLE		☐ DELETE	21 7170	LE		☐ Change ☐ Addition
NAME			2 2 NAM	ME		
STREET ADDRESS			2.3 STP	REET A	ADDRESS	
CITY-ST-ZIP			2. 4 CfT	Y-S1	T-ZIP	
TITLE		☐ DELETE	3.1 T(IL	LE	}	Change Addition
NAME			3.2 NAM	ME		
STREET ADDRESS			3.3 STR	HEET A	address	
CITY-ST-ZIP			3.4. C/T	Y-\$1	T-ZIP	

CHTY-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 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

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

DELETE

DELETE

DELETE.

TOTLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

(305) 292-1846

Change

Change

Change

Addition

■ Addition

Addition