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**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # J78267

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90004 035 \*\*\*158.75



SARAH (	CAREY GREENE, P.A.									
Principal Place	e of Business	Mailing Address					tilit i <b>nin</b> i memre mil	U) W) W) W	1811 B1811	1 8) 911 13 91
30515 OVERSEA	AS HWY.	29532 FLYING CLOUD AV	Æ							
BIG PINE KEY FL 33043 BIG PINE KEY FL 33043										
	•	US				DO NOT WR		SPACE		
						3. Date Incorporated or Qualifed				
		- 1 - T				06/15/1987 4. FEI Number			0 11	ad For
2. Principal P	lace of Business	2a. Mailing Address						·	<del></del>	ed For
21		26				59-2829402		407	5 Add	pplicable
<del></del> -	Suite, Apt. #, etc. Suite, Apt. #, etc.			~		5. Certificate of Status Desired	X		e Requ	
22						a Flation Compaign Financing		<del></del>	00 ма	
·	в	<b>⊢</b> ′	City a State			6. Election Campaign Financing Trust Fund Contribution			ded to f	
<b>23</b> Zip	Country	Zip	Cou	intry		8. This corporation owes the cur	rent vear Inta			
<b>—</b>	25	29	30	,		Personal Property Tax.		Yes		No
24	9. Name and Address of Curren		1901			10. Name and Address of New	Registered A	gent		
	<u> </u>			81	Name					
GRE	ene, sarah c				0	O O Day North and a Not Accord	lable)			
29532 FLYING CLOUD AVE				82	Street Addr	ess (P.O. Box Number is Not Accept	(able)			
BIG	PINE KEY FL 33043			83						
	•		•	LL				11		
				84	City		FL	85	Zip Coo	oe
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	authorized	d by tr	-named corp he corporation	oration submits this statement for the on's board of directors. I hereby acce	e purpose of o	changing tment a	j its regis	gistered
SIGNATORE	Signature, typed or printed name of registered age		TE: Registered	Agent s	signature require	d when reinstating)	DATE			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN			Addition
TITLE	P	☐ DELETE	1,1 Π	TLE				Chai	ige	☐ Addition
NAME	GREENE, SARAH CAREY									
STREET ADDRESS	29532 FLYING CLOUD AVE		1.2 N/							1
CITY-ST-ZIP					ADDRESS					
TITLE ,	BIG PINE KEY FL		1.3 S1	TREET A				El chu		- Addition
	BIG PINE KEY FL	DELETE	1.3 \$1 1.4 CF 2.1 TF	TY-ST-		•		Cha	- nge	Addition
NAME	BIG PINE KEY FL	☐ DELETE	1.3 S1	TY-ST-		•	<u>.</u>	Chai	nge	Addition
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	BIG PINE KEY FL	· - Terr Hereit	1.3 \$1 1.4 CI 2.1 TI 2.2 N 2.3 \$1 2.4 C	TREET A TY-ST- TLE AME TREET A	ZIP	٠				
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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.