03-30-1999 90008 047 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K76145

BAREFOOT CAY, CORP

2				-							
Principal Place	of Business	М	lailing Address								
9350 S. DIXIE HWY. 9350 S. DIXIE HWY.											
SUITE 1260 SUITE 1260 MIAMI FL 33156 MIAMI FL 33156								DO NOT WRITE IN THIS SPACE			
MIAMI PL 33130 MIAMI PL 33130								3. Date Incorporated or Qualifed			
								03/23/1989			
2. Principal Pl	ace of Business	2a	. Mailing Address					4. FEI Number		Applie	d For
21		26	<u> </u>					65-0120045		Not A	oplicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired		5 Add	
22		- 27	·				<u> </u>			Requi	
City & State	e	igsqcup	City & State					6. Election Campaign Financing		00 ма	
23		28						Trust Fund Contribution		ed to F	ees
Zip	Country	ļ	Zip		intry			8. This corporation owes the current year Int	angible ☐ Yes		No I
24	25	29		10	т-			Personal Property Tax. 10. Name and Address of New Registered			-
	9. Name and Address of Currer	t Regi	stered Agent		81	Name		10. Name and Address of New Registered	Agent		
S00	HET, IRA					Hamo					
9350 S DIXIE HWY					82	Street A	Street Address (P.O. Box Number is Not Acceptable)				
STE 1260					83						
	MI FL 33156				03			•			
mu	W 1 5 00 100				84	City		FL	85 4	ip Cod	e
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Flori tions of	f, Section 607.0505, Flori	morize da Stat	u by lutes	ine corpo	radon	ration submits this statement for the purpose of 's board of directors. I hereby accept the appointment of the purpose of the	changing ntment a	its reg s regist	gistered ered
	Signature, typed or printed name of registered age			13.	1 Agen	t signature re	equired v	ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS	IN 12
12.	PSD OFFICERS AN	ואנט טו	DELETE	1.1 T	m F	П		ADDITIONS/GHANGES TO OTT TOERO AT	Chan		Addition
TITLE	SOCHET, IRA		C becare		AME				_		_
NAME	9350 S DIXIE HWY STE 1260					ADDRESS		• .	•		1
STREET ADDRESS	MIAMI FL				ITY-S1						
CITY-ST-ZIP	MIMMI FL		☐ DELETE	2.1 T		1-217			☐ Char	nge	☐ Addition
TITLE			_	2.2 N		j					
NAME						ADDRESS					
STREET ADDRESS					CITY-S						
CITY-ST-ZIP TITLE			☐ DELETE	3.1 T		-	7 - ·	The second secon	Char	ige	Addition
NAME				3.2 N	AME			•			
STREET ADDRÉSS				3.3 \$	TREET	ADDRESS					
CITY-ST-ZIP					CITY-S	[ĺ
TITLE			☐ DELETE	_	ITLE	1			☐ Char	nge	Addition
NAME				4.21	VAME		-				ļ
STREET ADDRESS				4.3 5	TREET	FADDRESS		-			į
CITY-ST-ZIP					ITY-S	- 1		•			
SITT-SIT-LIF			□ DELETE		m e			· · · · · · · · · · · · · · · · · · ·	☐ Chai	nae	Addition

CITY-ST-ZIP 4 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 ecover 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.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

Change

☐ Addition