FILE NOW: FILING FEE A...

PROFIT CORPORATION ANNUAL REPORT

1999

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

**FILED**
**May 03, 1999 8:00 am**
**Secretary of State**
05-03-1999 90040 017 ***150.00

DOCUMENT # K80125

1. Corporation Name
KALIPSO BAY, INC.

Principal Place of Business
C/O PHILIP O. POLACK
15450 SW 159 ST.
MIAMI FL 33187

Mailing Address
C/O PHILIP O. POLACK
15450 SW 159 ST.
MIAMI FL 33187

DO NOT WRITE ...

3. Date Incorporated or Qualified
04/13/1989

Applied For
Not Applicable

4. FEI Number
65-0114129

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country

9. Name and Address of Current Registered Agent

POLACK, PHILIP O.
15541 S.W. 156TH AVENUE
MIAMI FL 33187

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City 84 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 (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>POLACK, PHILIP O.<br>15541 S.W. 156TH AVE.<br>MIAMI FL | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>POLACK, KAREN<br>15541 S.W. 156TH AVE.<br>MIAMI FL | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS | | ☐ DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addi...

| | | |
|---|---|---|
| 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☒ Change ☐ Ad... |
| 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ A... |
| 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ |
| 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change |
| 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change |
| 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | |

...mation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the ...
...nental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; tha...
...ner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ap...
...with an address, with all other like empowered.

4/27/99 — 305-...
Date

...QUIRED
DIRECTOR