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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90031 026 ***150.00

Principal Place of Business Mailing Address	ON CION CON BION	GIBLE BIBIL 1001
935 LINDGREN BLVD. P.O. BOX 1801		
SANIBEL FL 33957 SANIBEL FL 33957 DO NOT WRITE IN TO	HIS SPACE	
3. Date Incorporated or Qualifed 10/09/1989		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	A	pplied For
26 65-0151599	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired		Additional
27 27 27 27 27 27 27 27 27 27 27 27 27 2		equired
City & State City & State 6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip Country Zip Country 8. This corporation owes the current year 24 25 29 30 Personal Property Tax.	r Intangible ☐Yes	À INo
9. Name and Address of Current Registered Agent 10. Name and Address of New Register	red Agent	
81 Name		
KEITH, JAMES O. 82 Street Address (P.O. Box Number is Not Acceptable)		
935 LINUGHEN BLVD.		
SANIBEL FL 33957		
84 City	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	- <u>L</u>	
-fc or registered exact, or both, in the State of Cloride, Such change was sutherized by the corneration's 903rd of diffectors. I hereby accept the di-		agistored
11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, file above-tained corporation submits this statement of the purpose 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and bite if applicable. (NOTE: Registered Agent signature required when reinstating)	эропипен аз н	egistered
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CITY-ST-ZIP 14. 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:



4.27.99 Date