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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	L32579
4 ~ Comoration Name	

MNY HERE, INC

FILED Aug 10, 1999 8:00 am Secretary of State **Katherine Harris** 08-10-1999 90001 002 \*\*\*150.00

08-10-1999 90001 001 \*\*\*400.00 08-10-1999 90001 003 \*\*\*\*\*8.75

Principal Place	of Rusiness	Mailing Address			- 1 14011001 14010 1410 1410 1410 1410 1	DIN BUBUN BUBUN DEBUK BUB	ter maner brûte jane
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BUD 'N' MARY'	S MARINA	% LONNY SHAW 159 JASMINE (P.O. BOX 180	O ISLAMORADA	FLI			
M. M. 80 ISLAMORADA FE 33070		159 Jasmine (p.o. Box 1800 Islamorada FL) Tavernier FL 33070-2265		DO NOT WRITE I	IN THIS SPACE		
US		· · · · · · · · · · · · · · · · · · ·		3. Date Incorporated or Qualifed			
- <del>-</del>	,				11/27/1989	_	l
2 Principal P	lace of Business	2a. Mailing Address			4, FEI Number		Applied For
21		26		65-0168868		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.7	5 Additional	
22		27		5. Certificate of Status Desired	Fee	Required	
City & State	е	City & State			6. Election Campaign Financing	¬ \$5.0	0 May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country		8. This corporation owes the current	year Intangible	
24	25	29	10		Personal Property Tax.	☐ Yes	<b>⊠</b> No
	9. Name and Address of Curre				10. Name and Address of New Reg	istered Agent	
			81 Na	me			
	W, LONNY		82 Str	oot Addro	ess (P.O. Box Number is Not Acceptable	<u> </u>	
BUD	N' MARY'S MARINA		62  511	eer vanie	33 (1 .O. DOX Humber is NOT Acceptable	7	
159	JASMINE		83				
TAVE	ERNIER FL 33070					1221 -	
			84  Cit	У		FL  85 Z	ip Code
44	to the are doings of Cootions 607.06	602 and 607 1508 Florida Statutes	the above par	med corno	oration submits this statement for the pur	pose of changing	its registered
office or r	egistered agent, or both, in the State	e of Florida. Such change was aut	inorized by the c	corporation	n's board of directors. I hereby accept the	ne appointment as	registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flori	da Statutes.				1
SIGNATURE		NOTE:				DATE	\
	Signature, typed or printed name of registered ag	<del></del>	Registered Agent signs	ature required	Tricit Tolligating/	DATE	TORS IN 12
12.	OFFICERS A	ND DIRECTORS	13.	ature required	when reinstatung)  ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
12.	OFFICERS A	<del></del>	13. 1.1 TITLE	ature required	Tricit Tolligating/		
12. TITLE NAME	OFFICERS A P SHAW, LONNY	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		Tricit Tolligating/	ERS AND DIREC	
12. TITLE NAME STREET ADDRESS	P SHAW, LONNY 159 JASMINE STREET	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR		Tricit Tolligating/	ERS AND DIREC	
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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 or an attachment with an address, with all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR

Daytime Phone #