Mar 11, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **L49705**

1. Corporation Name

BOCKS PARADISE COVE INC

	ANADIOE COVE, INC.							
Principal Place of	of Business	Mailing Address			e inexidia dil algia idiri ineti desas disi diali	01911 BIBIT AIAIL BI	1011 01011 1001	
84001 OVERSEAS HWY ISLAMORADA FL 33036 US		P. O. BOX 1904 ISLAMORADA FL 33036 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
	,				02/08/1990 4. FEI Number		plied For	
Principal Place of Business 2a. Mailing Address							t Applicable	
21 Suite, Apt. #,	etc	Suite, Apt. #, etc.			65-0171656	\$8.75 A		
22		27			5. Certificate of Status Desired Fee Required			
City & State	•	City & State			6. Election Campaign Financing	\$5.00	May Be -	
23		28			Trust Fund Contribution	Added to		
Zip	Country	Zip	Country		8. This corporation owes the current year In	tangible	_/	
24	25	29 36	0		Personal Property Tax.		<u>I</u> Nio	
	9. Name and Address of Current	Registered Agent		· · ·	10. Name and Address of New Registered	Agent		
01111	AND C I CAMPOLON		81	Name				
GIULIANO, S. J. CAMPOLON MILE MARKER 84.5				Street Add	fress (P.O. Box Number is Not Acceptable)		-	
ISLAM	IORADO FL 33036		83			•		
			84	City	FI	85 Zip C	Code	
anent I am	familiar with, and accept the obligati	ons of Section 607.0505. Florid	a Statutes	ine corporati	ion's board of directors. I hereby accept the appo		JISIEI EU	
agent. I am SIGNATURE	familiar with, and accept the obligati	ons of, Section 607.0505, Florid and title if applicable. (NOTE: Re	a Statutes	•	ed when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
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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 of 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 by an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP