Comparison Name BIS LAKES CO.	PROFIT CORPORATION ANNUAL REPOR <b>1999</b>	т	FLORIDA DEPARTA Katherine Secretary o DIVISION OF COM	<b>Harris</b> f State	Apr 14, Secreta 04-14-1999	<b>1999 8:</b> <b>ry of S</b> 90075 011 ***	tate
Anotania loss of counters       28         Suite, Apt. #, etc.       Suite, Apt. #, etc.         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       City & State         City & State       City & State         Zip       Country         28       29         Country       20         9. Name and Address of Current Registered Agent         1555 FPALM BCH. LKKS BLVD.         S-1100         WEST PALM BCH. IN the State of Fiorital State the adve-stame doperation advector the advector the application of state the advector	OCUMENT # Corporation Name IBIS LAKES CO. Incipal Place of Business E. LLWYD ECCLESTONE. III 5 PLAM BCH. LAKES BLVD ST PALM BCH. FL 33401	м С/ S-†100 15 WI	O E. LLWYD ECCLESTONE. 55 PLAM BCH. LAKES BLVE EST PALM BCH. FL 33401		DO NOT WRI 3. Date Incorporated or Qualifed 03/28/1990		
27     28     Certificate of Status Dosing X     Fee Required       28     City & State     28     State of Country     \$. Election Campaign Financing     \$. \$.500 May Be Added to Fees       27.p     Country     29     Country     29     Added to Fees       29     Country     29     Country     8. The corporation oves the current year intangble Prevanal Property Tax.     \$. Name and Address of Current Registered Agent       10. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       11555 PALM BCH. FL 33401     81     Street Address (P.O. Box Number is Not Acceptable)       S-1100     83     Street Address (P.O. Box Number is Not Acceptable)       Name and Address of Sections 607.0502 and 607 1508. Foreita Statutes.     100       Pursuent to the provisions of Sections 607.0502 and 607 1508. Foreita Statutes.     100       1100     110     110       1110     111     111       1110     111     111       1110     111     111       1110     111     111       1110     111     111       1110     111     111       1110     111     111       1110     111     111       1110     111     111	· · · · · · · · · · · · · · · · · · ·						Not Applicable
City & State City	Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		
Zip         Country         Zip         Country         2         30         Personal Property Tax.         Main Proproperty	City & State		City & State	<u>·</u>			
Image:	Zip					ent year Intangible	
ECCLESTONE, E. LLWYD, III     84     Name       1555 PALM BCH. LAKES BLVD. S-1100     82     Street Address (P.O. Box Number is Not Acceptable)       83     64     City     FL     82       100 versions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered diffic or registered agent, or obligations of, Section 607.0502, and 607.1508, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, COPPICERS AND DIRECTORS 13.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.       2     OFFICERS AND DIRECTORS 13.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.       2     OFFICERS AND DIRECTORS 13.       100 NUTURE     SS PALM BCH. LAKES BLVD       101 NUTURE     Change       102 WEST PALM BCH. FL     Intrift across 12.       103 NUTURE     Congent (Change Congent Conge				<u> </u>			No
Signature, type of opinited rate of registered space and dis if applicable.       (InOTE: Registered Agent applicable: module deter (ministrop)       LATE         2.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         2.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         2.       DCP       □ DELETE       11 TTLE       □ Change       □ Addition         WEET ADDRESS       1555 PALM BCH. FL	S-1100			83			
2.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         LE       DCP       DELETE       1.1TTLE       Change       Addition         ME       ECCLESTORE, E. LLWYD III       12 NAME       Change       Addition         VS.7.2P       WEST PALM BCH. FL       13 STRET ADDRESS	office or registered agent is	or both up the State of Flori	da i Such chande was auth	the above-named con orized by the corporat	poration submits this statement for the ion's board of directors. I hereby accep	FL	a its registered
Le DUP DI DELETE 1 MALE DELETE 1 MALE 12 MALE 1555 PALM BCH LAKES BLVD 13 STREET ADORESS 44 CTV-ST-ZP 10 Change Addition 42 CMALE 22 MALE 1555 PALM BCH LAKES BLVD 23 STREET ADORESS 44 CTV-ST-ZP 10 Change Addition 24 CTV-ST-ZP 10 Change Addition 25 CMALE 22 MALE	office or registered agent, ( agent. I am familiar with, a GNATURE	or both, in the State of Fiori nd accept the obligations of	da. Such change was auth f, Section 607.0505, Florida	the above-named con orized by the corporat a Statutes.	ed when reinstating)	FL ]	g its registered s registered
E       S       DELETE       21 TITLE       Change       Addition         #E       NANNETTE GAMMON       22 NAME       23 STREET ADDRESS       24 CTTY ST ZP       Change       Addition         W. PALM BEACH LAKES BLVD       23 STREET ADDRESS       24 CTTY ST ZP       Change       Addition         #E       EV       DELETE       31 TITLE       Change       Addition         #E       COOPER, RON       32 STREET ADDRESS       Change       Addition         #E       COOPER, RON       33 STREET ADDRESS       Change       Addition         Y.ST.ZIP       MPALM BEACH FL       24 CTTY ST.ZIP       Change       Addition         Y.ST.ZIP       IDELETE       31 STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         Y.ST.ZIP       IDELETE       41 TTTLE       Change       Addition         Y.ST.ZIP       IDELETE       41 CTTY-ST.ZIP       IDELETE       Addition         Y.ST.ZIP       IDELETE       51 TTTLE       IDELETE       IDELETE         Y.ST.ZIP       IDELETE       51 TTTLE       IDELETE       Addition         Y.ST.ZIP       IDELETE       51 TTTLE       IDELETE       Addition         Y.ST.ZIP       IDELETE       <	office or registered agent, ( agent. I am farniliar with, a GNATURE Signature, typed or prin	or both, in the State of Hori nd accept the obligations of ned name of registered agent and title	da. Such change was auth f, Section 607.0505, Florida if applicable. (NOTE: Re ECTORS	the above-named con orized by the corporat a Statutes. gistered Agent signature requir 13.	ed when reinstating)	FL purpose of changing to the appointment a DATE FICERS AND DIRE	g its registered s registered CTORS IN 12
YST-ZP       W. PALM BEACH FL       2.4 GTY-ST-ZP         E.E       EV       DELETE       3.1 TITLE       Change       Addition         Are       COOPER, RON       3.2 NAME       3.3 STREET ADDRESS	office or registered agent, agent. I am familiar with, a SNATURE E E E E E E E E TADRESS Signature, typed or prir E E E CCLESTONE E E TADRESS	ted name of registered agent and title OFFICERS AND DIRI E, E. LLWYD III CH LAKES BLVD	da. Such change was auth f, Section 607.0505, Florida if applicable. (NOTE: Re ECTORS	the above-named con orized by the corporat a Statutes. gistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating)	FL purpose of changing to the appointment a DATE FICERS AND DIRE	g its registered s registered CTORS IN 12
Top of the matrix of the ma	office or registered agent, a agent. I am familiar with, a SNATURE E DCP ECCLESTONE 1555 PALM B K-ST-ZIP E S NANNETTE G	or both, in the State of Flori nd accept the obligations of OFFICERS AND DIRI E, E. LLWYD III ICH LAKES BLVD BCH. FL	da. Such change Was aum f, Section 607.0505, Florida if applicable. (NOTE: Re ECTORS	the above-named con orized by the corporat a Statutes. gistered Agent signature requir <b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ed when reinstating)	PL purpose of changing to the appointment a DATE FICERS AND DIRE Chan	g its registered s registered CTORS IN 12 nge Addition
L       L       DELETE       L <td>office or registered agent, a agent. I am familiar with, a GNATURE E E E E E E E E E E E E E E E C CLESTONE 1555 PALM B WEST PALM E S NANNETTE G REET ADDRESS I 1555 PALM B VEST PALM E S NANNETTE G I 1555 PALM B V-ST-ZIP E E E E V S NANNETTE G V-ST-ZIP E E E E E E C CLESTONE S MANNETTE G S NANNETTE G S NANNETTE G S NANNETTE G V-ST-ZIP E E E E E C C L E E C C L E S NANNETTE G S NANNETTE G V-ST-ZIP E E E C C L E E C C L E S C C L C C L E S C C L C C C C C C C C C C C C C C C C</td> <td>or both, in the State of Flori nd accept the obligations of OFFICERS AND DIRI CFFICERS BLVD CFFICERS AND DIRI CFFICERS AND DIRI CFFICERS AND DIRI CFFICERS AND DIRI CFFICERS AND DIRI CFFICERS AND DIRI CFFICERS AND CFFICE CFFICERS AND CFFICERS AND DIRI CFFICERS AND CFFICERS AND CFFIC</td> <td>da. Such change Was aum f, Section 607.0505, Florida if applicable. (NOTE: Re ECTORS</td> <td>the above-named con orized by the corporat a Statutes. gistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE</td> <td>ed when reinstating)</td> <td>FL purpose of changing to the appointment a DATE FICERS AND DIRE Chan</td> <td>g its registered s registered CTORS IN 12 nge Addition</td>	office or registered agent, a agent. I am familiar with, a GNATURE E E E E E E E E E E E E E E E C CLESTONE 1555 PALM B WEST PALM E S NANNETTE G REET ADDRESS I 1555 PALM B VEST PALM E S NANNETTE G I 1555 PALM B V-ST-ZIP E E E E V S NANNETTE G V-ST-ZIP E E E E E E C CLESTONE S MANNETTE G S NANNETTE G S NANNETTE G S NANNETTE G V-ST-ZIP E E E E E C C L E E C C L E S NANNETTE G S NANNETTE G V-ST-ZIP E E E C C L E E C C L E S C C L C C L E S C C L C C C C C C C C C C C C C C C C	or both, in the State of Flori nd accept the obligations of OFFICERS AND DIRI CFFICERS BLVD CFFICERS AND DIRI CFFICERS AND DIRI CFFICERS AND DIRI CFFICERS AND DIRI CFFICERS AND DIRI CFFICERS AND DIRI CFFICERS AND CFFICE CFFICERS AND CFFICERS AND DIRI CFFICERS AND CFFICERS AND CFFIC	da. Such change Was aum f, Section 607.0505, Florida if applicable. (NOTE: Re ECTORS	the above-named con orized by the corporat a Statutes. gistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ed when reinstating)	FL purpose of changing to the appointment a DATE FICERS AND DIRE Chan	g its registered s registered CTORS IN 12 nge Addition
LE       DELETE       5.1 TITLE       Change       Addition         ME       52 NAME       5.3 STREET ADDRESS       5.3 STREET ADDRESS         Y-ST-ZIP       5.4 CITY-ST-ZIP       Change       Addition         LE       DELETE       6.1 TITLE       Change       Addition         WE       6.2 NAME       6.3 STREET ADDRESS       Addition         XEET ADDRESS       6.3 STREET ADDRESS       5.4 CITY-ST-ZIP	office or registered agent, i am familiar with, a       GNATURE       Signature, typed or print  <	or both, in the State of Flori nd accept the obligations of OFFICERS AND DIRI CFFICERS BLVD CFFICERS BLVD	da. Such change Was aum f, Section 607.0505, Florida if applicable. (NOTE: Re ECTORS DELETE DELETE	the above-named con orized by the corporat a Statutes. gistered Agent signature requir 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	ed when reinstating)	FL purpose of changing at the appointment a DATE FICERS AND DIRE Chan Chan	g its registered
E     DELETE     6.1 TITLE     Change     Addition       AE     6.2 NAME       IEET ADDRESS     6.3 STREET ADDRESS       C 6.7 ZP     6.4 CITY-ST-ZIP	office or registered agent, a agent. I am familiar with, a SINATURE E DCP ECCLESTONE EET ADDRESS FALM B E S RE NANNETTE G 1555 PALM B VEST PALM E S NANNETTE G 1555 PALM B V. PALM BE/ E ECOPER, RO 1555 PALM B W. PALM BE/ E E COOPER, RO 1555 PALM B W PALM BEA E E E E E E E E E E E E E E E E E E	or both, in the State of Flori nd accept the obligations of OFFICERS AND DIRI CFFICERS BLVD CFFICERS BLVD	da. Such change Was aum f, Section 607.0505, Florida if applicable. (NOTE: Re ECTORS DELETE DELETE	the above-named con orized by the corporat a Statutes. gistered Agent signature requin 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ed when reinstating)	FL purpose of changing at the appointment a DATE FICERS AND DIRE Chan Chan	g its registered s registered CTORS IN 12 nge Addition nge Addition nge Addition
Y-ST-ZP 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 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 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 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 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 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 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 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 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 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 indicated on this annual report or supplemental annual report is true and accurate and that my sig	office or registered agent, i agent. I am familiar with, a SINATURE E E E E E E E E E E E E E E E E E E	or both, in the State of Flori nd accept the obligations of OFFICERS AND DIRI CFFICERS BLVD CFFICERS BLVD	da. Such change Was aufn f, Section 607.0505, Florida if applicable. (NOTE: Re ECTORS DELETE	the above-named con orized by the corporat a Statutes. gistered Agent signature requin 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ed when reinstating)	FL	g its registered s registered CTORS IN 12 nge Addition nge Addition nge Addition