FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **L83788**

O'TUOHY ENTERPRISES LIMITED, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90011 009 ***150.00

Principal Place of Business		Mailing Address							
C/O R. TOUBY 19 WEST FLAGLER ST SUITE 907 MIAMI FL 33130		MIAMI FL 33130	19 WEST FLAGLER ST SUITE 907 MIAMI FL 33130			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
US		US				06/19/1990			1
9. Dringing DI	one of Rusiness	2a. Mailing Address				4. FEI Number		Applied F	or
						NOT APPLICABLE	H	Not Appli	
Suite, Apt.	# atc	Suite, Apt. #, etc	·			_	\$8.7	5 Addition	nal
		27	··			5. Certificate of Status Desired	Fee	Required	
City & State	•	City & State				6. Election Campaign Financing	\$5.	00 May B	le
23		28				Trust Fund Contribution	Add	ed to Fees	\$
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year fr	tangible		
24	25	29	30			Personal Property Tax.	Yes	□No	
- 1	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent		
				81	Name				
TOUBY, R.					Street Addr	ress (P.O. Box Number is Not Acceptable)	•		
19 WEST FLAGLER ST. SUITE 907 MIAMI FL 33130				82					
				83					
				84	City		85 Zip Code		
					,	<u>FI</u>	_		
office or r	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change v	was authorized	d bv	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	f changing pintment a) its registere s registere	erea ed
SIGNATURE	Signature, typed or printed name of registered age	and and title of analisable	(NOTE: Pagietere	1 Ager	t signature require	d when reinstating) DATE			- .
		ND DIRECTORS	13.	<u>-</u> -	it signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN	12
12.	OP OF TOUR OF THE PROPERTY OF	DELE					☐ Char		Addition
NAME	TOUBY, R.		1.2 N	AME					
STREET ADDRESS	19 W. FLAGLER ST.		1.3 S	TREE	T ADDRESS	•	•		
CITY-ST-ZIP	MIAMI FL			ITY-S			-		
TITLE	DS	☐ DELE					☐ Cha	nge 🔲 /	Addition
	TOUBY, K. P.		2.2 N	AME			•		
i ADDRESS	57 SAMANA DR.		2.3 S	TREE	T ADDRESS				
78.5	MIAMI FL		.2,40	HTY-8	ST-ZIP				
	1750 W. 137 F T	☐ DELE					☐ Cha	nge 🔲	Addition
			3.2 N	AME					
-			3.3 S	TREE	TADDRESS				
	•				ST-ZIP				
	•	☐ DELÉ	TE 41T	ITLE			☐ Cha	nge 🔲	Addition
			4. 21	MAME			÷		

incompetion 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 of 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 exemption or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in if changed, or on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

. Change

☐ Change

Addition

☐ Addition