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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 19, 1999 8:00am

**Secretary of State** 

02-19-1999 90039 006 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L97238

1. Corporation Name

Principal Place of Business

BY INVITATION ONLY LTD., INC.

SUITE 11B SUITE 11B							•				
			T KEY FL 34228			-	DO NOT WRITE IN THIS SPACE				
						3	<ol> <li>Date Incorporated or Qualifed 08/31/1990</li> </ol>				
2. Principal P	lace of Business	2a. Mailing Address			4	I. FEI Number			Applied For		
21		26				13-3117740			Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5	5. Certificate of Status Desired					
City & State		City & State			6	i. Election Campaign Financing	·	\$5.00	May Be		
23		28				Trust Fund Contribution		•	to Fees		
Zip	Country	Zip	Со	untry		8	I.) This corporation owes the curr	ent year Int:	angible		
24 25 29			30	30			Personal Property Tax.	•	☐Yes	TSM0	
Name and Address of Current Registered Agent						10	).  Name and Address of New I	Registered /	Agent		
				81	Name		1				
ROSENTHAL, RUTH				82	Ctroot Add	leana (	DO Boy Number is Not Assent	-blo\			
2425 GULF OF MEXICO DRIVE, SUITE 11B				02	Street Add	iress (	P.O. Box Number is Not Accepta	ine)			
LON	GBOAT KEY FL 34228			83			İ				
				84	City		1	FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the a	bove	-named con	poratio	on submits this statement for the	purpose of	changing it	s registered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligated	of Florida. Such change was	s authorize	d by 1	the corporati	ion's b	orard of directors. I hereby accep	of the appoir	ntment as r	egistered	
-	m rammar with, and accept the obligat	iona di, decilon dor.0303, i	TORGA Stat	uics.							
SIGNATURE	Signature, typed or printed name of registered agen	t and title if apolicable. (NC	OTE: Registerer	1 Agent	signature require	ed when	reinstation)	DATE			
12.	OFFICERS AN		13.	. , .	agriciano rodono		ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12	
TITLE	PSD	☐ DELETE	1.1 Ti	TLE					☐ Change		
NAME	ROSENTHAL, RUTH S.		1.2 N								
	2425 GULF OF MEXICO DR.				1000000						
STREET ADDRESS	LONGBOAT KEY FL				ADDRESS						
CITY-ST-ZIP	LUNGBOAT RET PE	C DELETE		ITY-ST	-ZIP		•		(T) (N)		
TITLE		☐ DELETE	2.1 ∏				}		Change	Addition	
NAME			2.2 N	AME							
STREET ADDRESS			2.3 S	TREET	ADDRESS						
CITY-ST-ZIP			2.40	ITY-SI	-ZIP		<u> </u>		-		
TITLE		☐ DELETE	3.1 TI	TLE					Change	☐ Addition	
NAME			3.2 N	AME							
STREET ADDRESS			3.3 S1	TREET	ADDRESS		1				
CITY-ST-ZIP			3.4. C	ITY-\$1	- ZIP		!				
TITLE		☐ DELETE	4.1 TI						☐ Change	Addition	
NAME			4, 2 N	AME						_	
STREET ADDRESS			4.3 S	REET	ADDRESS						
CITY-ST-ZIP				TY-ST							
TITLE		☐ DELETE	5.1 TI		ZIF		* *		Change	Addition	
NAME			5.2 N				1		- Shoulde		
ł					ADDRESS		:				
STREET ADDRESS			1		i		1				
CITY-ST-ZIP		[7] pc:		TY-ST-	ZIP		1		F7.61		
TITLE		☐ DELETE	6.1 TI				1		Change	☐ Addition [	
NAME			6.2 NA							ļ	
STREET ADDRESS			6.3 \$1	REET	ADDRESS		•				

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 peport 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 further end to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if granged, or on an appearment with an address, with all other like empowered.