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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 199536

1. Corporation Name									
CONCH KEY COTTAGES OF THE FLA. KEYS, INC.									
Principal Place of Business Mailing Address						f imitimit and correction dream treem me	II 4:4: BIBN BIBN 4:5	THE BLANK STRUCTURES	
62250 OVERSE									
MARATHON FL 33050 MARATHON FL 33050					l	DO NOT WRITE IN THE CRACE			
US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						09/11/1990		• G-15	
	lace of Business	2a. Mailing Address				4. FEI Number	h	Applied For	
21						65-0219106		Not Applicable	
Suite, Apt. #, etc.						5. Certifcate of Status Desired		5 Additional Required	
27									
City & State City & State						6. Election Campaign Financing		00 May Be ed to Fees	
23	28					Trust Fund Contribution		id to rees	
Zip						This corporation owes the current y Personal Property Tax.	ear intangible Yes	□No	
24 25 29 30 9. Name and Address of Current Registered Agent			30]			10. Name and Address of New Regis			
	81	Name		To. Italie and Addition of Not Hogi	real or a second				
Mill	er, robert K.		Ľ						
2975 OVERSEAS HWY			82	82 Street Address (P.O. Box Number is Not Acceptable)				ļ	
MARATHON FL 33050			83						
			**						
			84	City		-	FL 85 Zi	ip Code	
			- 455			ation archaelte this atatament for the purp		ite registered	
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was au	s, the above thorized by	the corpo	oration	ation submits this statement for the purp is board of directors. I hereby accept the	appointment as	registered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori-	da Statutes.						
SIGNATURE						F) DATE		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS			signature	equireu w	hen reinstating) DADDITIONS/CHANGES TO OFFICE		TORS IN 12	
TITLE	D DELETE		13.		n)	7,00,110,10,10,10,10,10	Chang		
NAME	_		1.2 NAME			ILSOH, ROHALO	5		
						2250, OVERSEN	- Null =		
STREET ADDRESS				1.4 CITY-ST-ZIP		THE TAIL STATE	22,200		
CITY-ST-ZIP TITLE			2.1 TITLE	- 211	7	() () () () () ()	[i] Chang	e Addition	
			2.2 NAME		10	OYRILES WAYI	.=	Į	
NAME				2.3 STREET ADDRESS		33 ED WEIK	£1 = 11	M	
STREET ADDRESS				2.4 CITY-ST-ZIP			3775	id	
CITY-ST-ZIP			3.1 TITLE	1-211-	. <u>y</u>	AND THE PORT DE	☐ Chang	e Addition	
TITLE	-		3.2 NAME				<u></u> , .	_	
NAME OTDEET ADDOESS			3.2 NAME	AUUDEss					
STREET ADDRESS			3.4. CITY-S						
CITY- \$T- ZIP		☐ DELETE	4.1 TITLE	1-ZIP			☐ Chang	ge Addition	
TITLE		C. Deterie	4. 2 NAME						
NAME				ABBBBBB					
STREET ADDRESS			4.3 STREET						
CITY- \$T-ZIP		☐ DELETE	4.4 CITY- ST 5.1 TITLE	* ZIF			Chang	e Addition	
TITLE			5.2 NAME					_	
NAME			5.3 STREET	ADDRESS					
STREET ADDRESS			5.4 CITY-ST						
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE				☐ Chang	e Addition	
		_ 5	6.2 NAME					ļ	
NAME			6.3 STREET	ADDRESS		,		j	
STREET ADDRESS			1		1				

6.4 CITY-ST-ZIP 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 treatee 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 on an attachment with an address, with all other like empowered.

AME OF SIGNING OFFICER OR DIRECTOR