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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT

1. Corporation Name

Principal Place of Business **SOENNIS P. COYLE 700 UNIVERSE BLVD. JUNO BEACH FL 33408 **DOENNIS P. COYLE 700 UNIVERSE BLVD. JUNO BEACH FL 33408 **DOENNIS P. COYLE 700 UNIVERSE BLVD. JUNO BEACH FL 33408 **DOENNIS P. COYLE 700 UNIVERSE BLVD. JUNO BEACH FL 33408 **DOENNIS P. COYLE 700 UNIVERSE BLVD. JUNO BEACH FL 33408 **DOENNIS P. COYLE 700 UNIVERSE BLVD. JUNO BEACH FL 33408 **DOENNIS P. COYLE 700 UNIVERSE BLVD. JON ONT WRITE IN THIS SPACE **3. Date Incorporated or Qualified 10/26/1987 **Applied For **Not Applicable **SOENDIS PLACE **SOENDIS PLA
Principal Place of Business Mailing Address WDENNIS P. COYILE YDUNIVERSE BLVD. JUNO BEACH FL 33408 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Principal Place of Business 2d. Mailing Address
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700 UNIVERSE BLVD. JUNO BEACH FL 33408 700 UNIVERSE BLVD. JUNO BEACH FL 33408 2 Principal Place of Business 2 a. Mailing Address 2 b. Mailing Address 2 c. Principal Place of Business 2 a. Mailing Address 2 b. Mailing Address 3 a. Pate Incorporated or Qualifed 10/26/1987 2 Principal Place of Business 2 a. Mailing Address 3 b. Date Incorporated or Qualifed 10/26/1987 2 b. FEI Number 3 b. 75 Additional Fee Required 3 b. 75 Additional Fee Required 3 c. Certificate of Status Desired 5 c. Certificate of Status Desired 6 c. Election Campaign Financing Fee Required 5 c. OM May Be Added to Fees 7 c. Trust Fund Contribution 7 c. Country 8 c. Trust Fund Contribution 9 c. Mary Be Added to Fees 9 c. Country 9 c. Mary Be Added to Fees 9 c. Country 9 c. Mary Be Added to Fees 9 c. Country 9 c. Mary Be Added to Fees 9 c. Country 9 c. Mary Be Added to Fees 9 c. Country 9 c. Mary Be Added to Fees 9 c. Country 9 c. Mary Be Added to Fees 9 c. Country 9 c. Mary Be Added to Fees 9 c. Country 9 c. Mary Be Added to Fees 9 c. Country 9 c. Mary Be Added to Fees 9 c. Country 9 c. Mary Be Added to Fees 9 c. Certificate of Status Desired 9 c.
JUNO BEACH FL 33408 3. Date Incorporated or Qualifed 10/26/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0009711 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 5. Certificate of Status Desired Fee Required 7. City & State City & State City & State 7. Country Zip Country Zip Country Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent LEON, J E 9250 W. FLAGLER ST. MIAMI FL 33174 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered by the comparation's board of directors. I hereby accept the appositement as registered by the comparation's board of directors. I hereby accept the appositement as registered by the comparation's board of directors. I hereby accept the appositement as registered by the comparation's board of directors. I hereby accept the appositement as registered and comparation's board of directors. I hereby accept the appositement as registered and comparation's board of directors. I hereby accept the appositement as registered and comparation's board of directors. I hereby accept the appositement as registered and comparation's board of directors. I hereby accept the appositement as registered and comparation's board of directors. I hereby accept the appositement as registered and comparation's board of directors. I hereby accept the appositement as registered and comparation's board of directors. I hereby accept the appositement as registered and comparation's board of directors. I hereby accept the appositement as registered and comparation's board of directors. I hereby accept the appositement as registered and and address of the appositement as registered and and address of
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
econt Lam temper with and accept the obligations of Section but (Ibit) Figure Statistics
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DELETE 1.1 TITLE Change Addition
NAME SAMIL, D.L. 12 NAME
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CITY-ST-ZIP JUNO BEACH FL 1.4 CITY-ST-ZIP Change Addition
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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 or 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 on an attachment with all appress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/99

(561) 694-4644