Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90009 015 \*\*\*150.00

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

**PROFIT** CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M72442

1. Corporation	Name (VIV) 3443 CRUISE CLUB, INC.	•					
Principal Place of Business Mailing Address					[ (\$81400) in 10000 (10) \$10) 01006 (11) 01005	#1#11 #1#41 #1#11 #	11911 <b>5</b> 1811 1 <b>281</b>
1100 HOMESTEAD RD N 1100 HOMESTEAD RD N							
LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936					DO NOT WRITE IN THE	e edace	
US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 03/17/1988		
Principal Place of Business     2a. Mailing Address					4. FEI Number	Ap	plied For
21 26					65-0049537		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	Additional
22 -	and the second second	27			*******		
City & State	<del>)</del>	City & State			6. Election Campaign Financing	\$5.00	
23		28	Carreta		Trust Fund Contribution	Added to	o Fees
Zip Country		Zip	Country 30		8. This corporation owes the current year in		□No
24	25		0		Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered	1 Ageilt	
POWELL, HARRY C., JR. 1100 HOMESTEAD RD N LEHIGH ACRES FL 33936			"				
			82	Street Addr	Address (P.O. Box Number is Not Acceptable)		
			83	-			
			84	City	CONTRACTOR	85 : Zip (	Code
				1	oration submits this statement for the purpose of		
agent. i ar SIGNATURE	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	la Statutes	3.	on's board of directors. I hereby accept the appropriate the appropriate of the property of th		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	***	
TITLE	P	☐ DELETE 1.1		ļ		Change	☐ Addition
NAME	POWELL, HARRY C., JR.		1.2 NAME				
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.3 STREE	TADDRESS			
CITY-ST-ZIP	14.77		1.4 CITY-5	T-ZIP			
TITLE	V	☐ DELETE 2.1 TI				Change	☐ Addition
NAME	GOFF, DAVID E	*	2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-\$T-ZIP	LEHIGH ACRES FL 33936		2. 4 CITY-	ST-ZIP			- A 120
TITLE	S	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	ANGLICKIS, RUTH A.		3.2 NAME				
STREET ADDRESS	1100 HOMESTEAD RD N	3.3 8		T ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES FL 33936	······································	3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	`		4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			C Addising
TITLE		☐ DELETE	5.1 TITLE	ļ	•	Change	☐ Addition
NAME			5.2 NAME				.
STREET ADDRESS				TADORESS			
CITY-ST-ZIP	51*2IF		5.4 CITY-5	ST-ZIP		Change	Addition
πιε		☐ DELETE	6.1 TITLE			Change	☐ ₩aninoii
IN-ME			6.2 NAME		•		
STOCKT ADDRESS			■ 6.3 STREE	TADDRESS	,		

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, br on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP