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03-09-1999 90025 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

	1999	DIVISION OF COR	PORATIO	143]			
1. Corporation	MENT # N27315			-	\			
Principal Place	e of Business	Mailing Address						
% JIM LIUFAU		% JIM LIUFAU			I FRANCIS RIP HINK JEEN NIET HER EI GEN AN	IN GERRE BLAN BLAN BL		
1209 AIRPORT	FRD., STE. 7	1209 AIRPORT RD., STE. 7						
DESTIN FL 32	541	DESTIN FL 32541			1 ITERICAL AND MAIN ASSAS FROM FROM CORNEL AND	111 aldit 2(2() 41E11 Bl	0); =1=+; 1 0 1	
	lace of Business	2a. Mailing Address	3		3. Date Incorporated or Qualifed 07/08/1988			
21 CIO Suite, Apt.	Classic Cookie	26 P.O. Box 428 Suite, Apt. #, etc.		-	4. FEI Number	Ap	plied For	
22 Suite, Apr.	#, etc.	27			59-2925817		Applicable .	
City & Stat		City & State			5. Certificate of Status Desired	\$8.75 A Fee Re		
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00		-
24 325		29 30			10. Name and Address of New Register	Added t	o Fees	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Addition of New Augusta	iou Agoin		
POACHE	S AMADY		82	Ctonat &	Idress (P.O. Box Number is Not Acceptable)			ł
Kraemer 727 Hwy			62	OLBB! W	Idress (F.O. Box Humber is Not Acceptance)			
DESTIN F			83					l
1			84	City		85 Zip C	ode	ł
44 D	to the annulations of Continue 617 0502	and 617 1509 Elorida Statutes II	he above	named co	progration submits this statement for the purpos	e of changing its	registered	
office or r	egistered agent, or both, in the State o	f Florida, Such change was autho	rized by th	e corpore	orporation submits this statement for the purposation's board of directors. I hereby accept the a	pointment as rec	jistered	
	m tamiliar with, and accept the obligation	ons or, section 617.0505, Florida	Oppibles.					
SIGNATURE	Signature, typed or printed name of regulared agent			igneture requ	and when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		DR IN 12	(11/98)
12.	OFFICERS AND		13.		ST, D	Change	Addition	Ē
TITLE NAME	PD Mannon, Joey		1.2 NAME		Mannon, Joey			
STREET ADDRESS	AAR ATMALUIATED ACUT		13 STREET ADDRESS		307 Stillwater Cove			Ë
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-ST-2	1 '	Destin, 7c 32541			3R2F037
TITLE	VD	DELETE	2.1 TITLE			Change	⊘ Addition	C
NAME	MCINNIS, SAM	9	2.2 NAME		loung, Thelbert 506 BayNiew St.			ĺ
STREET ADDRESS	1540 BAYTOWNE AVE	1	2.3 STREET A					l
CITY-ST-ZIP	DESTIN FL 32541		2.4 CTTY-ST- 3.1 TITLE		<u>bestin, 7L 39541</u>	Change	Addition	İ
TITLE NAME	LIUFAU, DOTTIE		3.2 NAME		WILSON, CIVEIS 1209 AIRRUM AD STE'S		-	l
STREET ADORESS	159 INDIAN BAYOU DRIVE		3.3 STREET A	DORESS	1209 AIRROLD 120 STE '5			1
CITY-ST-ZIP	DESTIN FL		3.4. CITY-ST-	ZIP	DESTIN E32541			l
TITLE		- 4	4.1 YITLE			☐ Change _	_ Addition	
NAME			4. 2 NAME					İ
STREET ADDRESS		1	43 STREET A					
CITY-ST-ZIP			4.4 CITY-ST-2 5.1 TITLE	<i>a</i>		Change	Addition	ĺ
NAME		_	5.2 NAME	Ì				1
STREET ADDRESS			5.3 STREET A	DORESS				1
CITY-ST-ZIP			5.4 CITY-ST-2	ZIP			Addiso-	i
TITLE			6.1 TITLE			Change	☐ Addition	
NAME		l l	6.2 NAME	1			1	
STREET ADDRESS		L	63 STREET A	DODECO !				5

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 logal 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an authority ment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

Basia Type or Paul Ted Name of Bodning Officer or Director

Date

Design Phone 8

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