1999	·		FLORIDA DEPAR Katherin Secretary DIVISION OF C	ne Harris y of State		<b>Apr 06,</b> <b>Secret</b> <i>a</i> 04-06-1999	-	8:00 f Sta	
DOCUMEN Corporation Name JOHN H. KOS1		2706 X Associates, In	-						
Principal Place of Busi	ness	Mai	lling Address				NIIA RIIE RIDAI AIA	118 WIWII 44017 WI	
00 ATLANTIC BLVD. IT 305 - KEY WEST BEACH CLUB Y WEST FL 33040			1500 ATLANTIC BLVD: UNIT 305 - KEY WEST BEACH CLUB KEY WEST FL 33040 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/29/1986			
Principal Place of B	lusiness	2a.	Mailing Address	<u> </u>		4. FEI Number		Apr	olied For
<u> </u>		26				22-2176180	. <u>.</u>	\$8.75 A	t Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Fee Re	
City & State			City &: State						May Be
Zip	Country	28	 Zip	Country	1	Trust Fund Contribution 8. This corporation owes the cut	rrent vear Inta	Added to naible	u rees
]	25	29	· .	30	,, <b></b>	Personal Property Tax.		Tes .	□No
9. Na	ame and Addres	s of Current Regist	ered Agent	81	Name	10. Name and Address of New	Registered A	gent	•
office or registered	rovisions of Section	in the State of Florida	17.1508, Florida Statute	84 es, the abov	e-named corr	poration submits this statement for th	FL e purpose of c	85 Zip C	registered
agent. I am familia	ar with, and accep	pt the obligations of,	Section 607.0505, Flor	utnonzed by	r the corborall	ion's board of directors. I hereby acco	ept the appoin	itment as req	gistered
agent. I am familia	typed or printed name of	of registered agent and title if	Section 607.0505, Flor applicable. (NOTE:	rida Statutes	the corporati	ed when reinstating)	DATE		
agent. I am familia IGNATURE Signature, 2.	typed or printed name of		Section 607.0505, Flor applicable. (NOTE: CTORS	rida Statutes Registered Age	the corporati	ion's board of directors. Thereby acc	DATE	D DIRECTO	RS IN 12
agent. I am familia IGNATURE	typed or printed name of OF	of registered agent and title if FFICERS AND DIREC	Section 607.0505, Flor applicable. (NOTE:	rida Statutes	the corporati	ed when reinstating)	DATE		RS IN 12
agent. I am familia IGNATURE <u>Signature,</u> 2. LE <b>PD</b> ME KOST	typed or printed name o OF MAYER, JOHN	of registered agent and title if FFICERS AND DIREC	Section 607.0505, Flor applicable. (NOTE: CTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	the corporati	ed when reinstating)	DATE	D DIRECTO	RS IN 12
agent. I am familia IGNATURE 2. LE PD ME KOST REET ADDRESS ITY-ST-ZIP KEY V	typed or printed name o OF MAYER, JOHN	of registered agent and title if FICERS AND DIRE(	Section 607.0505, Flor applicable. (NOTE: CTORS DELETE N BCH CLUB	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature require	ed when reinstating)	DATE	D DIRECTO	RS IN 12
agent. I am familia IGNATURE 2. ILE PD WIE KOST REET ADDRESS ITY-ST-ZIP KEY V TLE VST	typed or printed name o OF MAYER, JOHN ATLANTIC BLVI WEST FL	of registered agent and title if FICERS AND DIRE( H. ID-UNIT 305 KEY N	Section 607.0505, Flor applicable. (NOTE: CTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature require	ed when reinstating)	DATE	D DIRECTO	RS IN 12
agent. I am familia IGNATURE 2. TLE PD WME KOST IREET ADDRESS TY-ST-ZIP KEY V TLE VST MME KOST	typed or printed name o OF MAYER, JOHN ATLANTIC BLVI WEST FL MAYER, JULIA	of registered agent and title if FICERS AND DIRE( H. ID-UNIT 305 KEY N	Section 607.0505, Flor applicable. (NOTE: CTORS DELETE N BCH CLUB DELETE	Registered Age 13. 1.1 TILE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TILE 2.2 NAME	nt signature require	ed when reinstating)	DATE	D DIRECTO	RS IN 12
agent. I am familia           IGNATURE         Signature,           2.         PD           ME         KOST           TY-ST-ZIP         KEY           ME         VST           ME         KOST           TSME         VST           ME         KOST           ME         VST           ME         KOST           ME         KOST           ME         KOST           ME         KEY M	Vyped or printed name o OF MAYER, JOHN ATLANTIC BLVI MEST FL MAYER, JULIA ATLANTIC BLVI WEST FL	of registered agent and title If FICERS AND DIRE( H. ID-UNIT 305 KEY N	Section 607.0505, Flor applicable. (NOTE: CTORS DELETE N BCH CLUB DELETE N BCH CLUB	Ititionized by           Registered Age           13.           1.1 TITLE           1.2 NAME           1.3 STREE           1.4 CITY-S           2.1 TITLE           2.2 NAME           2.3 STREE           2.4 CITY-S	T ADDRESS ST-ZIP	ed when reinstating)	DATE FFICERS ANI	D DIRECTO	RS IN 12
agent. I am familia           IGNATURE	IVDE OF PRINTED NAME OF MAYER, JOHN ATLANTIC BLVI WEST FL MAYER, JULIA ATLANTIC BLVI WEST FL	of registered agent and title if FICERS AND DIREC H. /D-UNIT 305 KEY N C. /D-UNIT 305 KEY N	Section 607.0505, Flor applicable. (NOTE: CTORS DELETE N BCH CLUB DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRESS ST-ZIP	ed when reinstating)	DATE FFICERS ANI	D DIRECTO	RS IN 12
agent. I am familia           IGNATURE         Signature,           2.         PD           ME         KOST           REET ADDRESS         1500           ITY-ST-ZIP         KEY V           ILE         VST           ME         KOST           REET ADDRESS         1500           ITY-ST-ZIP         KEY V           ILE         VST           ME         KOST           ME         LSON           ME         KOST           ME         D           ME         KOST           ME         NCST	IVIDIAL OF MAYER, JOHN ATLANTIC BLVI MEST FL MAYER, JULIA ATLANTIC BLVI MEST FL MAYER, JULIA	of registered agent and title if FICERS AND DIREC H. /D-UNIT 305 KEY N C. /D-UNIT 305 KEY N	Section 607.0505, Flor applicable. (NOTE: CTORS DELETE N BCH CLUB DELETE N BCH CLUB DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.2 NAME	T ADDRESS ST-ZIP	ed when reinstating)	DATE FFICERS ANI	D DIRECTO	RS IN 12
agent. I am familia           IGNATURE           Signature,           2.           LE         PD           ME         KOST           TST-ZIP         KEY V           LE         VST           ME         KOST           ISO0         KEY V           LE         VST           ME         KOST           ME         KOST           ME         KOST           ME         KOST           ME         JOON           ME         DOST           ME         SOON           ME         SOON           ME         SOON	IVIDIAL OF MAYER, JOHN ATLANTIC BLVI WEST FL MAYER, JULIA ATLANTIC BLVI WEST FL MAYER, JULIA	of registered agent and title if FICERS AND DIREC H. /D-UNIT 305 KEY N C. /D-UNIT 305 KEY N	Section 607.0505, Flor applicable. (NOTE: CTORS DELETE N BCH CLUB DELETE N BCH CLUB DELETE N BCH CLUB	Registered Age         13.         1.1 TITLE         1.2 NAME         1.3 STREE         1.4 CITY-S         2.1 TITLE         2.3 STREE         2.4 CITY-S         3.4 CITY-S         3.3 STREE         3.3 STREE         3.4 CITY-S         3.4 CITY-S	T ADDRESS	ed when reinstating)	DATE FFICERS ANI	D DIRECTO	RS IN 12
agent. I am familia           IGNATURE         Signature,           2.         PD           ME         KOST           ME         KOST           TY-ST-ZIP         KEY V           ME         KOST           TREET ADDRESS         1500           TV-ST-ZIP         KEY V           TREET ADDRESS         1500           TV-ST-ZIP         KEY V	IVPED OF PRINTED NAME OF MAYER, JOHN ATLANTIC BLVI WEST FL MAYER, JULIA ATLANTIC BLVI WEST FL MAYER, JULIA ATLANTIC BLVI	of registered agent and title if FICERS AND DIREC H. /D-UNIT 305 KEY N C. /D-UNIT 305 KEY N	Section 607.0505, Flor applicable. (NOTE: CTORS DELETE N BCH CLUB DELETE N BCH CLUB DELETE DELETE	The ejistored Age         13.         1.1 TITLE         1.2 NAME         1.3 STREE         1.4 CITY-S         2.1 TITLE         2.2 NAME         2.3 STREE         2.4 CITY-S         3.4 CITY-S         3.3 STREE         3.4 CITY-S         4.1 TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when reinstating)	DATE FFICERS ANI	D DIRECTO	RS IN 12
agent. I am familia IGNATURE 2. ILE PD ME KOST REET ADDRESS ITY-ST-ZIP KEY V ILE VST ME KOST IS00 ITY-ST-ZIP KEY V ILE ST ME KOST IS00 ITY-ST-ZIP KEY V ILE KOST IS00 ITY-ST-ZIP KEY V ILE KOST IS00	IVPED OF PRINTED NAME OF MAYER, JOHN ATLANTIC BLVI WEST FL MAYER, JULIA ATLANTIC BLVI WEST FL MAYER, JULIA ATLANTIC BLVI	of registered agent and title if FICERS AND DIREC H. /D-UNIT 305 KEY N C. /D-UNIT 305 KEY N	Section 607.0505, Flor applicable. (NOTE: CTORS DELETE N BCH CLUB DELETE N BCH CLUB DELETE N BCH CLUB	Interference           Registered Age           13.           1.1 TITLE           1.2 NAME           1.3 STREE           1.4 CITY-S           2.1 TITLE           2.3 STREE           2.4 CITY-S           3.4 CITY-S           3.3 STREE           3.3 STREE           3.4 CITY-S           4.1 TITLE           4.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when reinstating)	DATE FFICERS ANI	D DIRECTO	RS IN 12
agent. I am familia IGNATURE 2. IE PD ME KOST REET ADDRESS ITY-ST-ZIP KOST IE VST ME KOST IS00 IY-ST-ZIP KEY V IE VST ME KOST IS00 IY-ST-ZIP KEY V IE KOST IS00 IY-ST-ZIP KEY V IE KOST IS00 IY-ST-ZIP KEY V IE KOST	IVPED OF PRINTED NAME OF MAYER, JOHN ATLANTIC BLVI WEST FL MAYER, JULIA ATLANTIC BLVI WEST FL MAYER, JULIA ATLANTIC BLVI	of registered agent and title if FICERS AND DIREC H. /D-UNIT 305 KEY N C. /D-UNIT 305 KEY N	Section 607.0505, Flor applicable. (NOTE: CTORS DELETE N BCH CLUB DELETE N BCH CLUB DELETE N BCH CLUB DELETE N BCH CLUB	Interference           Registered Age           13.           1.1 TITLE           1.2 NAME           1.3 STREE           1.4 CITY-S           2.1 TITLE           2.3 STREE           2.4 CITY-S           3.4 CITY-S           3.3 STREE           3.3 STREE           3.4 CITY-S           4.1 TITLE           4.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when reinstating)	DATE FFICERS ANI	D DIRECTO Change	RS IN 12 Additi Additi
agent. I am familia IGNATURE Signature, 2. ILE PD ME KOST REETADDRESS ITY-ST-ZIP KOST IS00 ITY-ST-ZIP KOST IS00 ITY-ST-ZIP KOST IS00 ITY-ST-ZIP KOST IS00 ITY-ST-ZIP KEY V ILE KOST IS00 ITY-ST-ZIP KEY V ILE KOST IS00 ITY-ST-ZIP KEY V ILE KOST IS00 ITY-ST-ZIP IS00 ITY-ST-ZIP IS00 IS00 ITY-ST-ZIP IS00 IS00 ITY-ST-ZIP IS00 IS00 ITY-ST-ZIP IS00 IS00 ITY-ST-ZIP IS00 IS00 ITY-ST-ZIP IS00 IS00 ITY-ST-ZIP IS00 IS00 ITY-ST-ZIP IS00 IS00 IS00 ITY-ST-ZIP IS00 IS00 ITY-ST-ZIP IS00 IS00 ITY-ST-ZIP IS00 IS00 IS00 IS00 IS00 ITY-ST-ZIP IS00 IS00 IS00 IS00 ITY-ST-ZIP IS00 IS00 IS00 ITY-ST-ZIP IS00 IS00 IS00 IS00 ITY-ST-ZIP IS00 IS00 IS00 IS00 ITY-ST-ZIP IS00 IS00 IS00 ITY-ST-ZIP IS00 IS00 ITY-ST-ZIP IS00 ITY-ST-ZIP IS00 IS00 ITY-ST-ZIP IS00 ITY-ST-ZIP IS	IVPED OF PRINTED NAME OF MAYER, JOHN ATLANTIC BLVI WEST FL MAYER, JULIA ATLANTIC BLVI WEST FL MAYER, JULIA ATLANTIC BLVI	of registered agent and title if FICERS AND DIREC H. /D-UNIT 305 KEY N C. /D-UNIT 305 KEY N	Section 607.0505, Flor applicable. (NOTE: CTORS DELETE N BCH CLUB DELETE N BCH CLUB DELETE N BCH CLUB	Interference           13.           1.1 TITLE           1.2 NAME           1.3 STREE           1.4 CITY-S           2.1 TITLE           2.2 NAME           2.3 STREE           2.4 CITY-S           3.3 STREE           3.3 STREE           3.4 CITY-S           4.1 TITLE           3.2 NAME           3.3 STREE           3.4 CITY-S           4.1 TITLE           4.2 NAME           4.3 STREE           4.4 CITY-S           5.1 TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when reinstating)	DATE FFICERS ANI	D DIRECTO	RS IN 12 Additi Additi
agent. I am familia           IGNATURE           Signature,           2.           LE         PD           ME         KOST           REETADDRESS         1500           IY-ST-ZIP         KEY V           ILE         VST           ME         KOST           ISO0         KEY V           ILE         VST           ME         KOST           REET ADDRESS         1500           IY-ST-ZIP         KOST           IREET ADDRESS         1500           ITY-ST-ZIP         KEY V           ILE         WE           IREET ADDRESS         1500           ITY-ST-ZIP         KEY V           ILE         WE           IREET ADDRESS         INVE           IREET ADDRESS         INVE           INE         WE           INE         WE	IVPED OF PRINTED NAME OF MAYER, JOHN ATLANTIC BLVI WEST FL MAYER, JULIA ATLANTIC BLVI WEST FL MAYER, JULIA ATLANTIC BLVI	of registered agent and title if FICERS AND DIREC H. /D-UNIT 305 KEY N C. /D-UNIT 305 KEY N	Section 607.0505, Flor applicable. (NOTE: CTORS DELETE N BCH CLUB DELETE N BCH CLUB DELETE N BCH CLUB DELETE N BCH CLUB	Itital Statutes           Registered Age           13.           1.1 TITLE           1.2 NAME           1.3 STREE           1.4 CITY-S           2.1 TITLE           2.3 STREE           2.4 CITY-S           3.3 STREE           3.3 STREE           3.4 CITY-S           4.1 TITLE           3.3 STREE           3.4 CITY-S           4.1 TITLE           4.2 NAME           3.3 STREE           3.4 CITY-S           5.1 TITLE           5.1 TITLE           5.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when reinstating)	DATE FFICERS ANI	D DIRECTO Change	RS IN 12 Additi Additi
agent. I am familia IGNATURE Signature, 2. ILE PD ME KOST REETADDRESS ISOU IY-ST-ZIP KEY V ILE VST ME KOST ISOU IY-ST-ZIP KEY V ILE SIGN ISOU IY-ST-ZIP KEY V ILE SIGN ISOU IY-ST-ZIP KEY V ILE KOST ISOU IY-ST-ZIP KEY V ILE WE IREET ADDRESS IY-ST-ZIP ILE WE IREET ADDRESS IY-ST-ZIP ILE WE IREET ADDRESS	IVPED OF PRINTED NAME OF MAYER, JOHN ATLANTIC BLVI WEST FL MAYER, JULIA ATLANTIC BLVI WEST FL MAYER, JULIA ATLANTIC BLVI	of registered agent and title if FICERS AND DIREC H. /D-UNIT 305 KEY N C. /D-UNIT 305 KEY N	Section 607.0505, Flor applicable. (NOTE: CTORS DELETE N BCH CLUB DELETE N BCH CLUB DELETE N BCH CLUB DELETE N BCH CLUB	Itital Statutes           Registered Age           13.           1.1 TITLE           1.2 NAME           1.3 STREE           1.4 CITY-S           2.1 TITLE           2.3 STREE           2.4 CITY-S           3.3 STREE           3.3 STREE           3.4 CITY-S           4.1 TITLE           3.3 STREE           3.4 CITY-S           4.1 TITLE           4.2 NAME           3.3 STREE           3.4 CITY-S           5.1 TITLE           5.1 TITLE           5.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when reinstating)	DATE FFICERS ANI	D DIRECTO Change	RS IN 12 Additi Additi
agent. I am familia           IGNATURE           Signature,           2.           ILE         PD           MRE         KOST           REET ADDRESS         1500           TY-ST-ZIP         KEY V           TREET ADDRESS         1500           TY-ST-ZIP         KOST           TREET ADDRESS         1500           TY-ST-ZIP         KOST           MRE         KOST           TREET ADDRESS         1500           TY-ST-ZIP         KEY V           TLE         WKE           IREET ADDRESS         1500           TY-ST-ZIP         KEY V           TLE         WKE           IREET ADDRESS         TY-ST-ZIP	IVPED OF PRINTED NAME OF MAYER, JOHN ATLANTIC BLVI WEST FL MAYER, JULIA ATLANTIC BLVI WEST FL MAYER, JULIA ATLANTIC BLVI	of registered agent and title if FICERS AND DIREC H. /D-UNIT 305 KEY N C. /D-UNIT 305 KEY N	Section 607.0505, Flor applicable. (NOTE: CTORS DELETE N BCH CLUB DELETE N BCH CLUB DELETE N BCH CLUB DELETE N BCH CLUB	Interference           Registered Age           13.           1.1 TITLE           1.2 NAME           1.3 STREE           1.4 CITY-5           2.1 TITLE           2.2 NAME           3.3 STREE           3.4 CITY-5           3.4 CITY-4           1.1 TITLE           3.3 STREE           3.4 CITY-5           5.1 TITLE           4.1 TITLE           4.2 NAME           3.3 STREE           3.4 CITY-5           5.1 TITLE           5.2 NAME           5.3 STREE           5.4 CITY-5           6.1 TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when reinstating)	DATE FFICERS ANI	D DIRECTO Change	RS IN 12 Additi Additi Additi
agent. I am familia           IGNATURE           Signature,           2.           TLE         PD           WHE         KOST           TREET ADDRESS         1500           TY-ST-ZIP         KEY M           TREET ADDRESS         1500           TY-ST-ZIP         KOST           TREET ADDRESS         1500           TY-ST-ZIP         KOST           MME         KOST           TREET ADDRESS         1500           TY-ST-ZIP         KOST           TREET ADDRESS         1500           TY-ST-ZIP         KEY M           TLE         AME           IREET ADDRESS         1500           TY-ST-ZIP         KEY M           TLE         MME           MME         TY-ST-ZIP           TREET ADDRESS         TY-ST-ZIP           TLE         MME           TY-ST-ZIP         TLE           MME         TY-ST-ZIP           TLE         MME           ME         ME	IVPED OF PRINTED NAME OF MAYER, JOHN ATLANTIC BLVI WEST FL MAYER, JULIA ATLANTIC BLVI WEST FL MAYER, JULIA ATLANTIC BLVI	of registered agent and title if FICERS AND DIREC H. /D-UNIT 305 KEY N C. /D-UNIT 305 KEY N	Section 607.0505, Flor applicable. (NOTE: CTORS DELETE N BCH CLUB CELETE N BCH CLUB DELETE N BCH CLUB DELETE N BCH CLUB	Interference           Registered Age           13.           1.1 TITLE           1.2 NAME           1.3 STREE           1.4 CITY-5           2.1 TITLE           2.2 NAME           3.3 STREE           3.4 CITY-           3.3 STREE           3.4 CITY-           4.1 TITLE           4.2 NAME           3.3 STREE           3.4 CITY-           5.1 TITLE           4.2 NAME           5.3 STREE           5.1 TITLE           5.3 STREE           5.4 CITY-5           6.1 TITLE           6.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when reinstating)	DATE FFICERS ANI	D DIRECTO Change	RS IN 12 Additi Additi Additi
agent. I am familia SIGNATURE 2. TILE PD KOST TY-ST-ZIP KEY V TILE VST TREET ADDRESS 1500 TY-ST-ZIP KEY V TILE VST TREET ADDRESS 1500	IVPEd or printed name o OF MAYER, JOHN ATLANTIC BLVI WEST FL MAYER, JULIA ATLANTIC BLVI WEST FL MAYER, JULIA ATLANTIC BLVI WEST FL	of registered agent and title if FICERS AND DIREC H. /D-UNIT 305 KEY N C. /D-UNIT 305 KEY N	Section 607.0505, Flor applicable. (NOTE: CTORS DELETE N BCH CLUB CELETE N BCH CLUB DELETE N BCH CLUB DELETE N BCH CLUB	Interference           Registered Age           13.           1.1 TITLE           1.2 NAME           1.3 STREE           1.4 CITY-5           2.1 TITLE           2.2 NAME           3.3 STREE           3.4 CITY-           3.3 STREE           3.4 CITY-           4.1 TITLE           4.2 NAME           3.3 STREE           3.4 CITY-           5.1 TITLE           4.2 NAME           5.3 STREE           5.1 TITLE           5.3 STREE           5.4 CITY-5           6.1 TITLE           6.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when reinstating)	DATE FFICERS ANI	D DIRECTO Change	RS IN 12