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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000030715

1. Corporation Name

Principal Place of Busine	55	,
POST OFFICE BOX 3006 KEY LARGO FL 33037	•	

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90046 003 ***150.00

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Principal Place	e of Business	Mailing Address		4 18811881 (18 +8:98 (11)) 98(1) 48(1) 48(1)	INDE FILET METER I DERNE JIMMA GELLI JOHN
POST OFFICE (BOX 3006	POST OFFICE BOX 3006 KEY LARGO FL 33037			
KET CARGO TE		1,21 54100 72 0001		DO NOT WRITE IN TH	IIS SPACE
		· · · · · · · · · · · · · · · · · · ·		3. Date Incorporated or Qualifed 04/26/1993	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0402453	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	•	27		5. Certifcate of Status Desired	Fee Required
City & State	е	City & State	.,	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible `
24	25	29	30	Personal Property Tax.	∐Yes M No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
		. :	81 Name		
	LCH, MARK		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	-
	ATLANTIC DRIVE	*. •		No. of the second	No. 1 to the second
KEY	LARGO FL 33037	•	83		防急性 的复数医胃
	A_{ij}	•	84 City .	<u> </u>	85 Zip Code
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11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpose	of changing its registered
1	esistered except or both in the State of	f Elorida. Such change was a	uthorized by the comoratio		pointment as registered
proof In	m familiar with and accept the obligation	ons of Section 607 0505. Flo	rida Statutes.	on's board of directors. I hereby accept the ap	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Statutes.	on 5 board of directors. Thereby decept the ap	
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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 an address, with all other like empowered.