

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 16 AM 11:13

DOCUMENT # P94000068886 (8)

1. Corporation Name

BIMINI SANDS INTERNATIONAL, INC.

Principal Place of Business

1340 NEPTUNE DRIVE
BOYNTON BEACH FL 33426

Mailing Address

1340 NEPTUNE DRIVE
BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/16/1994

3a. Date of Last Report

4. FEI Number

65-0585971

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 3469 W. Boynton Beach Blvd.

2a. Mailing Address

26 3469 W. Boynton Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite No. 6

27 Suite No. 6

City & State

City & State

23 Boynton Beach FL.

28 Boynton Beach FL.

Zip

Country

Zip

Country

24 33426

25 U.S.A.

29 33426

30 U.S.A.

9. Name and Address of Current Registered Agent

SCHONE, LARRY
4840 NEPTUNE DRIVE
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

81 Name

SCHONE, LARRY

82 Street Address (P.O. Box Number is Not Acceptable)

50 S.E. 4th Avenue

83

DELMAY BEACH

84

DELMAY BEACH

FL

85

Zip Code

33483

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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

TITLE: ~~PVCK Pres. TOL~~
NAME: COONEY, FRANK J
STREET ADDRESS: 1040 NEPTUNE DRIVE 4616 Suburban Pines Dr.
CITY, ST, ZIP: BOYNTON BEACH FL 33428 LAKA WOOD, FL 33463

TITLE: D
NAME: COONEY, FRANK J
STREET ADDRESS: 1240 NEPTUNE DRIVE 4616 Suburban Pines Dr.
CITY, ST, ZIP: BOYNTON BEACH FL 33428 LAKA WOOD, FL 33463

TITLE: D Sec.
NAME: BAIGILL U. COONEY
STREET ADDRESS: 3469 W. Boynton Beach Blvd #6
CITY, ST, ZIP: Boynton Beach, FL 33436

TITLE: TRUST
NAME: DEREK BENNETT
STREET ADDRESS: 427 P.O. MICHAEL ISLAND DR
CITY, ST, ZIP: MIAMI, FL 33160

TITLE: ASST. SEC.
NAME: LARRY SCHONE
STREET ADDRESS: 50 S.E. 4th Avenue
CITY, ST, ZIP: DELMAY BEACH, FL 33483

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS IN:

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Frank J. Cooney

FRANK J. COONEY

PRESIDENT

4/12/95

407-736-6659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR