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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

P94000068886 (8)

**BIMINI SANDS INTERNATIONAL, INC.** 

FILED
May 06 1998 8:00am
Secretary of State
2

Principal Place of Business Mailing Address				1 10211021 110 10111 01111 02111 02111		
3469 W BOYNTON BEHAC BLVD STE 6 BOYNTON BEAHC FL 33436 US  3469 BOYNTON BEAHC BL STE 6 BOYNTON BEAHC FL 33436 US  US		•		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  09/16/1994		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		Applied For	
21	26		65-0585971		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	, etc.		5. Certificate of Status Desired	1 -	.75 Additional ee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	<del></del>	5.00 May Be dded to Fees	
Zip Country 25	7(p Country <b>30</b>			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
Name and Address of Current Registered Agent			10, Name and Address of New Registered Agent			
SCHONE, LARRY			Name			
50 SE 4TH AVE DELRAY EBHAC FL 33483		82	2 Street Address (P.O. Box Number is Not Acceptable)			
		83				
		84	1		FL 85	Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat</li> </ol>	f Florida. Such change was authorize	ed by	y the corporat	poration submits this statement for the pur tion's board of directors. I hereby accept t	pose of chan the appointme	ging its registered ent as registered
SIGNATURE	and tills if arminable (NOTE: Basician	ed An	ant singalus requi	red when reinstating)	DATE	
Stgnature, typed or printed nance of registered agent and title if applicable (NOTE: Registere  12 OFFICE RS AND DIRECTORS  13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			

Addition Change PVST DELETE 1.1 TITLE TITLE COONEY, FRANK J 1.2 NAME NAME 4616 SURBURBAN PINES DR STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2 1 TITLE TITLE COONEY, FRANK J 2 2 NAME NAME 4616 SUBURBAN PINES DR 2.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ■ Addition 3.1 TITLE TITLE COONEY, BRIGITTE U 3.2 NAME NAME 3469 W BOYNTON BEHAC BLVD STE 6 STREET ADDRESS 3.3 STREET ADDRESS **BOYNTON BEACH FL** 3.4. CITY - ST- ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE **SCHONE, LARRY** 4. 2 NAME NAME 50 SE 4TH AVE 4.3 STREET ADDRESS STREET ADDRESS DELRAY EBAHC FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP