

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90066 019 ***150.00

DOCUMENT # **P95000008484**

1. Corporation Name

SUNSET KEY MC CORPORATION

Principal Place of Business

Mailing Address

**245 FRONT ST
KEY WEST FL 33040
US**

**1000 MARKET STREET
BLDG 1
PORTSMOUTH NH 03802
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1995

4. FEI Number

NOT APPLICABLE

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **WALSH, MICHAEL**
STREET ADDRESS **1100 LINTON BLVD STE C-9**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **P** ☐ DELETE
NAME **WALSH, MARK**
STREET ADDRESS **1100 LINTON BLVD STE C-9**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VP** ☐ DELETE
NAME **MCMURRAIN, THOMAS**
STREET ADDRESS **1100 LINTON BLVD STE C-9**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **S** ☐ DELETE
NAME **CRITCHFIELD, RICHARD**
STREET ADDRESS **1000 MARKET STREET BLDG 1**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VP** ☐ DELETE
NAME **WALSH, WILLIAM**
STREET ADDRESS **ONE CATE ST., STE 3**
CITY-ST-ZIP **PORTSMOUTH NH 03801**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

Michael Walsh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/99

6035592100

Date

Daytime Phone #

CR2E034 (11/98)