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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Feb 10, 1999 8:00 am Secretary of State Katherine Harris 02-10-1999 90042 029 \*\*\*150.00

**FILED** 

1. Culpulation	MENT # P95000 FLORIDA SEASIDE RESORT								
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Principal Plac	ce of Business	····	OLAN TYNN BENT ÖNLU ORUN	I BARA LUBAR TARAK LAL	104 (1053 071) 1001	;			
3045 ESTERO	BLVD	3045 ESTERO BLVD							
UNIT #9-C UNIT 9-C					· ·	SO MOT MOSTE IN			ĺ
FT MYERS BEACH FL 33901 FT MYERS BEACH FL 33901 US US			A			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
US		03			02/16/1995	d or Qualifed		,	
2 Principal D	Place of Bueinger	2s. Mailing Address			4. FEI Number		17	Applied For	4 !
2. Principal Place of Business 2a. Mailing 25		<del></del>	dilling Addition		65-0566229	-	<b>-</b>	ot Applicable	- Care 200
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<del> </del>		Additional	13 :
22		27			5. Certificate of Stat	us Desired 🔲 🖰		Réquired	1 . [
	lo	City & State		-4 - · · -	-6Election Campaig	on Financing	\$5:00	) May Be	7
23 28					, ,	Trust Fund Contribution Added to Fees			
Zip Country Zip			Countr	у	i '	8. This corporation owes the current year Intangible			
24	25	<del></del>	30		Personal Propert		Yes	□No	- }
<del></del>	9. Name and Address of Current	Registered Agent	61	1 Name	10. Name and Addr	ess of New Register	red Agent		
MEL	ONIS, PETE	14 15		1 Marilo				·	] ;
	7 ESTERO BLVD., #2		82	Street	Address (P.O. Box Number i	s Not Acceptable)			1 :
	MYERS FL 33931		83	<del>,  </del>	1300	6.7.2. 4.2.4.4.2.11.7.517.9	Wester Earli	51 (18 B) (18 B)	┥ .
				1					] .
			84	City	2 40 11 h 1		85 Zip	Code	1
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	and 607,1508, Florida Statute	es, the abov	re-named	corporation submits this state	ement for the purpose	of changing it	8 registered	1
office or r	registered agent, or both, in the State of	Florida Such change was au	thorized in		restion's board of directors.	hereby accept the ac	pointment as r	egistered	1
anent I e	am familiar with and accept the obligation	ons of Section 607 0505, Flori	ida Statuta	y ine comp	STALLOTTE BOOK OF CAPOULOTS: 1	,		_	1
. * ( *		ons of, Section 607.0505, Flor	ida Statute	s.	saletta goald of directors.				
agent I a SIGNATURE	Signature, typed or printed name of registered agent is	and title if applicable. (NOTE:	Registered Age		equired when refristating(s) (+ C / Ts)	DATE		<del></del>	<b>€</b>
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	ond title if applicable. (NOTE:	Registered Age	ent signature r	equired when refristating(s) (+ C / Ts)		AND DIRECT	ORS IN 12	1/98)
SIGNATURE 12. TILE	Signature, typed or printed name of registered agent of OFFICERS AND	and title if applicable. (NOTE:	Registered Age 13.	ent signature r	equired when refristating(s) (+ C / Ts)	DATE		ORS IN 12	(11/98)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent a OFFICERS AND DPST KOCH, WOLFGANG G	ord offe if applicable. (NOTE: DIRECTORS  DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signafure r	equired when refristating (1916) (1916) ADDITIONS/CHAP	DATE	AND DIRECT	ORS IN 12	034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signatura, typed or printed name of registered upon to OFFICERS AND DPST KOCH, WOLFGANG G 4745 ESTERO BLVD UNIT 1603-	ord offe if applicable. (NOTE: DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	en signature r	equired when refristating (1916) (1916) ADDITIONS/CHAP	DATE	AND DIRECT	ORS IN 12	2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DPST KOCH, WOLFGANG G 4745 ESTERO BLVD UNIT 1603- FT MYERS BEACH FL 33931	ord one if applicable. (NOTE: DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 City-s	en signature r	equired when refristating (1916) (1916) ADDITIONS/CHAP	DATE	AND DIRECT	ORS IN 12	CR2E034 (11/98)
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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 of 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 approximation of the corporation of the co

SIGNATURE: ( MANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMAN 30.3034

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