03041999-90208-020-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000014408

STREET ADORESS

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

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NAME

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NAME

THE LONGBOAT OBSERVER INC.

Principal Place of Business Mailing Address								
5570 GULF OF MEXICO DRIVE 5570 GULF OF MEXICO DRIV LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228					İ			
US US					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 02/21/1995			
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Apr	olled For	J
21 26					59-3303072	Not	Applicable]
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Feg Reg		
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	1
23		28			Trust Fund Contribution	Added to		
Zip Cauntry		Zip			8. This corporation owes the current year Intan	ıgible	·	}
24	25	29. 30				Yes	□No	J
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered A	gent		1.
				Name				1
WALSH, MATTHEW G				82 Street Address (P.O. Box Number is Not Acceptable)				1
5570 GULF OF MEXICO DRIVE			j'	SZ SUBBLAL	uciess (F.O. Box Hamber to Not Acceptator)			
LOI	NGBOAT KEY FL 34228		ļ:	33				1
}						85 Zip C	·	4
}			l'	B4 City	FL	85 Zip C	000	Ì
i office or	registered agent, or both, in the Sta am familiar with, and accept the obl	nia of Florida. Such change was aut	nonzec	by the corpora	orporation submits this statement for the purpose of clation's board of directors. I hereby accept the appoint	nanging its r ment as reg	registered jistered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: R	cog:stered /	gent signature req	uired when reinstating) DATE			1 6
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		RS IN 12	(11100)
TITLE	DP	☐ OELETE	1.1 ΠΠ.	E	· ·	☐ Change	☐ Addition	
NAME	WALSH, MATTHEW G		1.2 NAA	E				2
STREET ADDRESS	STREET ADDRESS 5570 GULF OF MEXICO DRIVE			EET ADORESS				00000
CITY-ST-ZIP	LONGBOAT KEY FL		14 CM	-ST-ZIP				į
TITLE	DC	☐ DELETE	2.1 TITL	E		Change	Addition	`
NAME	BELILES, DAVID		22 NA	E				ļ
STREET ADDRESS 5570 GULF OF MEXICO DRIVE			2.3 STR	EETADDRESS	•			{
CITY-ST-ZIP	LONGBOAT KEY FL		2.4 CIT	Y-ST-ZIP	· • · · · · · · · · · · · · · · · · · ·			1
TITLE		☐ DELETE	3.1 TIII	E T	,	Change	☐ Addition	
NAME:	1		3.2 NAA	E	• •			}

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 rue and accurate end 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 employeed 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 injuries with all others.

33 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADORESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-5T-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

DELETE:

DELETE

☐ DELETE

SIGNATURE:

Change ___ Addition

Change

Change

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Addition

Mar 04, 1999 8:00 am

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Secretary of State

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