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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

| DOCUMENT # | P95000035243 | (1) |
|--------------------|--------------|-----|
| . Corporation Name | F 3000000240 | (1) |

FILED May 14 1997 8:00am Secretary of State

| Principal Pla 1515 JOHNS KEY WEST F | | 151 | uiling Address IS JOHNSON ST. Y WEST FL 33040-4927 | - | | | | | | |
|--|--|-----------------------------|---|---|--|-----------------|-------------------------------|----------------|-----------------------------|---|
| | | | | | | 3. Dat | e Incorporated or Qualifie | d Sa. Da | ate of Last R | leport |
| | | | | | | 05 | 01/1995 | 11/ | 12/1996 | |
| | Place of Business | 28. | Mailing Address | | | – | Number | | | oplied For |
| 21 | | 26 | Cuito Ant di oto | | | 6 | 5-0583054 | | | ot Applicable |
| Suite, Ap | n #, cic | h | Suite, Apt. #, etc | | | 5. Ce | tificate of Status Desired | | \$0.75 / | Additionat |
| City & Sta | a'c | 27 | City & State | | | 6 Ela | ction Campaign Financing | . | | May Be |
| 23 | | 28 | on, o our | | | | st Fund Contribution | ' p | | may se to Fees |
| Zipi | Country | | Ζιp | Cou | ntry | 8. Thi | s corporation has liability t | for intangible | tax under s | . 199.032, |
| 24 | 25 | 29 | | 30 | | | ida Statutes | | JNo | |
| | 9. Name and Address | of Current Regist | tered Agent | | | 10. Na | me and Address of New | Registered | Agent | |
| RN | tson, bruce | | | | 81 Name | | | | | |
| 35 | 4 EATON OT- | | | | 82 Street | Address (P.O. | Box Number is Not Accep | table) | | *************************************** |
| :94 | HTE-110 | | | | 83 | W JOE | DAN MINE | | | |
| KE | Y WEST FL 33040 | | | İ | 03 | | | | | |
| | | | | | 84 City | | | FL | 85 Zip | Code |
| 44 Our or | I to the presidence of Coche | no 607 050 and 60 | 07 1509 Florida State | les the el | nowe named | corporation e | hmite this statement for th | | f changing it | te registered |
| office or | it to the provisions of Section registered agent, or both, in am familiar with, and accept | ri the State of Floric | la Such change was | authorize | by the corp | poration's boar | d of directors. I hereby ac | cept the app | ointment as | registered |
| | <i>D</i> 1 | of the collinations of | , Section 607.0505, Fi | orida Stat | uies. | | | | | |
| SIGNATURE | Signature Typed g proted name of | registered agent and little | ć aprolicable (NO) | IF Registere | d Agent signature | | January 1111 | 04/2/1 | 7 | ····· |
| 12. | | | · of the state of | | | | tatino) | DATE | | |
| | | ICERS AND DIREC | TORS | 13. | | | ITIONS/CHANGES TO OF | FICERS AND | DIRECTOR | RS IN 12 |
| TOLE | | ICERS AND DIREC | TORS DELETE | | | | | FICERS AND | DIRECTOR Change | RS IN 12 |
| | PSTD O'HARA, DENNIS | ICERS AND DIREC | | 13. | TLE | | | FICERS AND | | |
| TITLE | PSTD O'HARA, DENNIS | ICERS AND DIREC | | 13. 1.1 Ti 1.2 N | TLE | | | FICERS AND | | |
| TITLE NAME | PSTD O'HARA, DENNIS | | | 13. 1.1 Ti 1.2 No 1.3 St | TLE AME | | | FICERS AND | | |
| TITLE NAME STREET ADDRESS | PSTD O'HARA, DENNIS 1515 JOHNSON ST. | | | 13. 1.1 Ti 1.2 No 1.3 St | TLE AME REET ADDRESS TY-ST-ZIP | | | FICERS AND | | |
| TITLE NAME STREET ADDRESS CITY - S1 - ZIF | PSTD O'HARA, DENNIS 1515 JOHNSON ST. | | □ DELETE | 13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI | TLE AME REET ADDRESS TY-ST-ZIP TLE | | | FICERS AND | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY - ST- ZIF TITLE | PSTD O'HARA, DENNIS 1515 JOHNSON ST. KEY WEST FL 33040 | | □ DELETE | 13. 3.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ | TLE AME REET ADDRESS TY-ST-ZIP TLE | | | PATERIS AND | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CHY-ST-ZIF TITLE NAME | PSTD O'HARA, DENNIS 1515 JOHNSON ST. KEY WEST FL 33040 | | ☐ DELETE | 13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI | TLE AME REET ADDRESS TY-ST-ZIP TLE | | | | ☐ Change | Addition Addition |
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| TOLE NAME STREET ADDRESS CHY-ST-ZIP | PSTD O'HARA, DENNIS 1515 JOHNSON ST. KEY WEST FL 33040 | | ☐ DELETE | 13. 11 TI 12 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C | TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP | | | | ☐ Change ☐ Change | Addition Addition |
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14. I do hereby cert fy 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 pupilomental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the lam 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 (3 in a hanged, or on an injectment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

100 305 MA-19