

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

APPROVED
AND
FILED

p. 1072

98 MAY -1 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000073012
1. Corporation Name

BLUE LAGOON RESORTS INTERNATIONAL, INC.

Principal Place of Business Mailing Address

99096 Overseas Highway
Key Largo, Florida 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/21/95

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Timothy Nichol Thomas
99198 Overseas Highway
Suite 8
Key Largo, Florida 33037

10. Name and Address of New Registered Agent

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 filed application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE
NAME Peter Boettcher
STREET ADDRESS 126 Caribbean Drive
CITY-ST-ZIP Key Largo, FL 33037

TITLE Treasurer/Secretary ☐ DELETE
NAME Christy Johnson
STREET ADDRESS 99096 Overseas Highway
CITY-ST-ZIP Key Largo, FL 33037

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Secretary ☐ Change ☒ Addition
1.2 NAME Laura R. Dunlap
1.3 STREET ADDRESS 1201 Hays Street
1.4 CITY-ST-ZIP Tallahassee, FL 32301

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 400002508404--3
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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.

SIGNATURE

Timothy Nichol Thomas

5-1-98

85D-222-9171

CR2E034 (10/97)

pg. 2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 803802 10971A

AUTHORIZATION

COST LIMIT

Patricia Piggott
\$150.00

ORDER DATE : May 1, 1998

ORDER TIME : 2:16 PM

ORDER NO. : 803802-015

CUSTOMER NO: 10971A

CUSTOMER: Timothy Thomes, Esq
Timothy Nicholas Thomes, P.a.
P.o. Box 972449

Miami, FL 33197

ANNUAL REPORT FILING

NAME: BLUE LAGOON RESORTS
INTERNATIONAL, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

EXAMINER'S INITIALS:

A. Alan
5/1/98

RECEIVED
98 MAY -1 PM 3:19
DIVISION OF CORPORATION