## 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

## DOCUMENT # P95000080763

<ol> <li>Corporation</li> </ol>	1 Name							
THE IBIS	S-JUMBO COMPANY					 	<b>.</b> 1818: 1816: 186: 18	<b>i 110 e</b> i 1 <b>00</b> i 111 i <b>111</b> 1
Principal Place	e of Business	Mailing Address			<del></del>	-	<b>                                    </b>	818 84188 HAT 1881
520 HARBOR D	520 HARBOR DRIVE							
KEY BISCAYNE FL 33149-1707 KEY BISCAYNE FL 33149-1								
US US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						10/20/1995	<del></del>	
Principal Place of Business     Za. Mailing Address						4. FEI Number	Applied For Not Applicable	
21 26						65-0641902	<u> </u>	5_Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired *** 💢 ***		Required
22 27 27 City & State City & State					-	6 Etection Compoint Financing		
City & State	28	Jigie			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country	Zip	Cour	ntry		This corporation owes the current year		
24	25 29		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Currer		1		_	10. Name and Address of New Registe	red Agent	
				81	Name			
	Clymonds, robert c		}	82	Street Addre	es (P.O. Box Number is Not Accentable)		
520 HARBOR DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)				
KEY	BISCAYNE FL 33149			83				
			}	84	Cit.		<b>85</b> Z	ip Code
				04	City		FL  °°  <i>"</i>	.ip Gode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the at	ove-	named corpo	ration submits this statement for the purpos	e of changing	its registered
office or n	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flo	utnorized rida Statu	i by th utes.	e corporation	n's board of directors. I hereby accept the a	spomenent as	s registered
SIGNATURE								,
SIGNATORE	Signature, typed or printed name of registered age			Agent s	signature required			TODS IN 42
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS	S AND DIREC	
TITLE	PD	DDAZANA ALICIA N		1.1 TITLE				ge [] Addison
NAME	CARRAZANA, ALICIA M			1.2 NAME				
STREET ADDRESS	520 HARBOR DRIVE			13 STREET ADDRESS				Į
CITY-ST-ZIP			_	1.4 CITY-ST-ZIP			· Chan	ge Addition
TITLE	VD							
NAME	CARRAZANA, ENRIQUE A			2.2 NAME				
STREET ADDRESS	520 HARBOR DRIVE			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		· · · · ·		
CITY-ST-ZIP	KEY BISCAYNE FL 33149	□ nelete	DELETE 3.1 TF		ZIP		☐ Chan	ge Addition
TITLE	VTD CARRATANIA MARIA D	<del>-</del>						
NAME			1	3.2 NAME 3.3 STREET ADDRESS				
STREET ADDRESS		1 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1		34 CITY-ST-ZIP				
CITY-ST-ZIP	SD SD	DELETE	4.1 TIT		ZIF		[] Chan	ge 🔲 Addition
TITLE	CARRAZANA, ENRIQUE J		4.2 N		į	·	_	
NAME STREET ADDRESS	520 HARBOR DRIVE				DDRESS			
STREET ADDRESS	KEY BISCAYNE FL 33149			TY-ST-				
CITY-ST-ZIP TITLE	NET DIOUVILLE 1 F 00143	☐ DELETE					☐ Chan	ge Addition
NAME			5.2 NA				_	
STREET ADDRESS					DDRESS			ļ
CITY-ST-ZIP	'\ <b>\$</b>		•	5.4 CITY-ST-ZIP				ì
TITLE			6.1 111	6.1 TITLE			☐ Chan	ge 🔲 Addition
NAME			62 NA	AME				
STREET ADDRESS			6.3 ST	REETA	DDRESS		•	

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90227 044 \*\*\*163.75