Applied For

\$8.75 Additional

Fee Required

Not Applicable

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 # P95000083768

ALFRED L. FRITH, P. A.

2. Principal Place of Business

Suite, Apt. #, etc.

22

713 WHITEHEAD ST KEY WEST FL 33040 US

2a. Mailing Address

Suite, Apt. #, etc.

26

27

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90101 012 ***150.00



3. Date Incorporated or Qualifed

5. Certificate of Status Desired

10/30/1995

59-3341017

4. FEI Number

DO NOT WRITE IN THIS SPACE

City & Stat	te	City &	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip Country			,	8. This corporation owes the current year Intangible)	
24	25 29 30					Personal Property Tax. Yes Mo	NO	
	9. Name and Address of Curre	nt Registered A	gent		1	10. Name and Address of New Registered Agent		
500	AL ALEDED I			81	Name	ne		
	H, ALFRED L			82	Street	et Address (P.O. Box Number is Not Acceptable)	\neg	
	WHITEHEAD ST							
KEY	WEST FL 33040			83	ł		}	
				84	City	85 Zip Code	-	
					-	<u> </u>		
office or r	registered agent, or both, in the State om familiar with, and accept the oblig	of Florida, Such	i change was auth	onzed by	the corp	ed corporation submits this statement for the purpose of changing its register rporation's board of directors. I hereby accept the appointment as registered	red i	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable	e. (NOTE: Re	gistered Ager	nt signature	re required when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE	D		☐ DELETE	1.1 TITLE		E Change	ddition	
NAME	ERITH, ALFRED L	TYPO		1.2 NAME		a with hard st		
STREET ADDRESS	718 WHITEHEAD ST	•		1.3 STREE	T ADDRESS	ss 713 whitehead 8t		
CITY-ST-ZIP	KEY WEST FL		_	1.4 CITY-\$	T-ZIP			
TITLE		<u> </u>	☐ DELETE	2.1 TITLE		☐ Change ☐ Ad	ddition	
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREE	T ADDRESS	ss		
CITY-ST-ZIP				2. 4 CITY-5	ST-ZIP			
TITLE			☐ DELETE	3.1 TITLE		☐ Change ☐ At	ddition	
NAME				3.2 NAME			- 1	
STREET ADDRESS	.[3.3 STREET	TADDRESS	ss		
CITY-ST-ZIP			_	3.4. CITY-5	ST-ZIP			
TITLE			☐ DELETE	4.1 TITLE		☐ Change ☐ A	Addition	
NAME	ţ Î			4. 2 NAME				
STREET ADDRESS				4 3 STREE	TADDRESS	ss		
CITY-ST-ZIP				4.4 CITY-S	T-ZIP			
TITLE			□ DELETE	5.1 TITLE		☐ Change ☐ Ac	ddition	
NAME				5.2 NAME				
STREET ADDRESS	1			5.3 STREE	TADDRESS	ss		
CITY-ST-ZIP			i	5.4 CITY-S	T-ZP			
TITLE			☐ DELETE	6.1 TITLE		☐ Change ☐ A	Addition	
NAME	•			6.2 NAME				
STREET ADORESS				6.3 STREE	T ADDRESS	ss		
CITY-ST-ZIP				6.4 CITY-S	T-ZIP			
14 I hereby	certify that the information supplied a	vith this filing doe	s not qualify for th	e exempt	ion state	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the informat	tion	

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.

SIGNATURE: