## 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 # P95000090797

1. Corporation Name

SEVEN KEYS SAILING, INC.					# 1881 (881 MA 1812) Bross agric 2310 0210	AD-18 1611: 46::: (46:8 16:1: 26:1 26:1
Principal Place of Business Mailing Address			_			######################################
144 S. BANAMA DR 144 S BANAMA DR.						
DUCK KEY FL 33050 DUCK KEY FL 33050					DO NOT WIDITE IN THIS SPACE	
US US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed	
	:				11/27/1995	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					65-0624309	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			_		5. Certificate of Status Desired	\$8.75 Additional
27				3. Certificate of Status Desired	Fee Required	
<b>⊢</b>	City & State City & State				6. Election Campaign Financing	<b>\$5.00</b> May Be
23	28				Trust Fund Contribution	Added to Fees
Zip			Country	'	8. This corporation owes the current ye	ar Intangible ☐ Yes ☐ No
24	9. Name and Address of Current		30		Personal Property Tax.  10. Name and Address of New Regist	
81					Halle blie Health of Holl Hogier	леа жарис
SHATTUCK, GEORGE				Stroot Addre	and /D O Pay Number is hist Assertable)	
144 S BANAMA DR DUCK KEY FL 33050			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	<del>,</del>
DOC	W VET LF 22020		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						
42	Signature, typed or printed name of registered agent a			t signature required		
12.	OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	ALLETTION APARAG		1.2 NAME			
STREET ADDRESS	ALL O DANAMA OD		1.3 STREET	ADDRESS		
CITY-ST-ZIP	DUOV VEV EL ARGER		1.4 CITY-S1			
TITLE			2.1 TITLE			☐ Change ☐ Addition
NAME	SHATTUCK, CINDY	· ·				
STREET ADDRESS			2.3 STREET	ADDRESS		·
CITY-ST-ZIP	DUCK KEY FL 33050		2. 4 CITY-S	T-ZiP		
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME	,		•
STREET ADORESS			3.3 STREET	ADDRESS		ı
CITY-ST-ZIP		34.0		T-ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	I *	.*	4. 2 NAME			
STREET ADORESS	-	· · ·	4.3 STREET ADDRESS			
CITY-ST-ZIP	<del></del>	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			☐ Change ☐ Addition
NAME.			5.1 TILE 5.2 NAME	ĺ		
STREET ADDRESS			5.3 STREET	ADORESS	•	
CITY-ST-ZIP	v <sup>™</sup>		5.4 CITY+ST			
TITLE	DELETE 6.1 TIT		6.1 TITLE			☐ Change ☐ Addition
NAME	6.2 N		6.2 NAME			- · -
	A STATE OF THE STA		e a expect	ADDOCEC		

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 truetee 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 attack then the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetors, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-ZIP

**FILED** 

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90049 046 \*\*\*150.00