Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90046 016 \*\*\*150.00

## 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 # **P95000092194**1. Corporation Name

FLORIDA	a waterfront Villás, in	NC.					
Principal Place	e of Business	Mailing Address			I YANGI PAR TIN IBIDI ANITI ANIH ANIH ANIH A	<b>Din 16119 (1891 116</b> 1)	B 18111 8181 1881
1318 LAFAYETTE ST CAPE CORAL FL 33904  1318 LAFAYETTE ST CAPE CORAL FL 33904  CAPE CORAL FL 33904					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed	<del>- (</del>	
					12/01/1995		
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			65-0624293		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & Stat	e	City & State		. , ,	6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	*	to Fees
Zip	Country	Zip	Country	y	8. This corporation owes the current year	r Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes	□No
•	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	red Agent	
			81	Name			
	, THOMAS W B LAFAYETTE ST		82	! Street Add	ress (P.O. Box Number is Not Acceptable)		
	E CORAL FL 33904		83		- 1	305 tank 98 2 5 6	8 (E) - 3(8) (8 S)
			**	1	· · · · · · · · · · · · · · · · · · ·	組織計劃便	
			84	City	Fig. 1. And the second	85 Ziớ	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the abov	e-named corp	poration submits this statement for the purpose	e of changing its	s registered
office or r	egistered agent, or both, in the State	e of Florida. Such change was a	authorized by	the corporati	ion's board of directors. I hereby accept the ac	opointment as re	egistered
agent. i a	m familiar with, and accept the obliga	ations of, Section 607.0505, Fl	orida Statutes	S.	,		•
agent. I a SIGNATURE	•	ations of, Section 607.0505, Fl	orida Statutes	S.			٠
SIGNATURE	Signature, typed or printed name of registered age	ations of, Section 607.0505, File	orida Statutes	S.	ed when reinstating): DATE		· .
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ations of, Section 607.0505, Fluent and title if applicable. (NOT ND DIRECTORS	E: Registered Age	S.	ed when reinstatung);	: AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	ations of, Section 607.0505, File	E: Registered Age 13. 1.1 TITLE	S.	ed when reinstating): DATE		· .
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: