PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600003947

1. Corporation BEACH F	RETREAT ON CASEY KEY	, INC.						
Principal Place	of Business	Mailing Address				-	BB100 (11110 1511)	B)031 (181 189)
Principal Place of Business 105 CASEY KEY RD NOKOMIS FL 34275 US Mailing Address 105 CASEY KEY RD NOKOMIS FL 34275 US						DO NOT WRITE IN THIS	SPACE	
00		00				3. Date Incorporated or Qualifed		
						01/15/1996 4. FEI Number	An	plied For
2. Principal Place of Business 2a. Mailing Addre		<u> </u>				65-0640499	<u> </u>	t Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	I .
City & State		City & State			<u>-</u>	6. Election Campaign Financing	\$5.00	May Be
23	-	28				Trust Fund Contribution	Added t	o Fees
Zip				Country		8. This corporation owes the current year Intangible Personal Property Tax.		
24	9. Name and Address of Curre	29 Agent	30]	Т		10. Name and Address of New Registered	Agent	
	9. Name and Address of Corre	Bill Registered Agent		81	Name			
	RAE, DAVID N CASEY KEY ROAD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		<u></u>
NOKOMIS FL 34275				83			11.95	
,4				84	City		85 Zip	Code
				1 1		FL	-	
	m familian with, and attcept the oblig		orida Sta	tutes.		oration submits this statement for the purpose or on's board of directors. I hereby accept the appo	-00	.]
SIGNATURE	Signature typed or printed name of registered a	gent and the transfer of	: Registere		,	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
12.	OFFICERS A	gent and title if applicable. (NOTE AND DIRECTORS	: Registere		,	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
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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 of this type 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:

Feb 10, 1999 8:00 am Secretary of State

02-10-1999 90045 050 ***150.00