## 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 # P96000010707 1. Corporation Name

LONE SHARK, INC.

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90064 024 \*\*\*150.00



Principal Place	of Business	Mailing Address			1 (89)(88) (10 )61(8 4)(1) 68(1) 48(1) 88(1)	* ****** ***** ******	
3025 KINGS RO ST. AUGUSTINE		3025 KINGS ROAD ST. AUGUSTINE FL 32086			DO NOT WEITE IN THE	e ebace	
					DO NOT WRITE IN THI	3 SPACE	
					3. Date Incorporated or Qualifed 02/02/1996		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	IA A	pplied For
21		26			59-3359213		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional equired
City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		•	
Zip	Country	Zip	Coun	trv	8. This corporation owes the current year li		
<b>⊢</b> ¬ '	25	29 3	_	,	Personal Property Tax.	☐ Yes	□No
24	9. Name and Address of Current		<u> </u>	_	10. Name and Address of New Registered		
<del> </del>	9. Name and Address of Current	r vediarere vident		81 Name	10. The same state of the same		
חים ו	ARA, EDWARD M		İ				
	KINGS ROAD			82 Street Add	Address (P.O. Box Number is Not Acceptable)		
	AUGUSTINE FL 32086		-	83			
0,							
			Ī	84 City	F	85 Zip	Code
	to the averticions of Spatiana 607 0500	2 and 607 1509 Florida Statutes	the ah		paration submits this statement for the numose of	of changing its	s registered
office or n	egistered agent, or both, in the State of	of Florida. Such change was aut	norized	by the corporati	on's board of directors. I hereby accept the appropriate the a	ointment as re	egistered
agent, I a	m familiar with, and accept the obligat		a Statu	les.	mlac loo		
SIGNATURE	: Edurad 1.		SIDÉ	NT agent signature require	ed when reinstating) 3 DATE		<del></del>
	Signature, typed of printed name of registered agen	D DIRECTORS	13.	den signatura raduse	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
12.	PD	□ DELETE	1.1 TIT	E	ADDITIONS/OFFARGES TO OFFICERS F		
NAME	O'HARA, EDWARD M		1.2 NA			_	
	3025 KINGS ROAD			EET ADDRESS			
STREET ADDRESS	1		I .				
CITY-ST-ZIP	ST. AUGUSTINE FL 32086 VD	☐ DELETE	2.1 TITI	Y-ST-ZIP		Change	☐ Addition
TITLE	, · <del>-</del>		ı				_
NAME	O'HARA, ELIZABETH G		2.2 NA				
STREET ADDRESS	3025 KINGS ROAD		ı	REET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	M BELETS	-	Y-ST-ZIP	<u> </u>	Change	Addition
TITLE	STD	☐ DELETÉ	31 1111			Shange	الم المواقعة
NAME	O'HARA, SALLIE L		3.2 NA				
STREET ADDRESS	3025 KINGS ROAD			REET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	□ pricte	•	Y-ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITI	!		□ Citalige	☐ Mangoli
NAME			4. 2 NA	ME			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP			•	Y-ST-ZIP		Change	- Addition
TITLE		☐ DELETÉ	5.1 TITI	1		☐ Change	Addition
NAME			5.2 NAI			**************************************	
STREET ADDRESS				REET ADDRESS	<b>→</b>		
CITY-ST-ZIP				Y-ST-ZIP	<u> </u>		
TITLE		☐ DELETE	6.1 TITI			☐ Change	☐ Addition
NAME			6.2 NA	AE			
STREET ADDRESS			6.3 ST	REET ADDRESS			
CITY-ST-ZIP			6.4 CIT	Y-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.

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