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-PROFIT - CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOCO

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90060 003 ***150.00

i. Corporatio	NER PROFESSIONAL BUILDI					
Dringing Dig	ce of Business	Mailing Address		<u> </u>		
1 '	EAS HIGHWAY	Mailing Address				
TAVERNIER FL		P.O. BOX 1546 - KEY LARGO FL 33037				5
-				DO NOT WRITE IN TH	IIS SPACE	
}	•			3. Date Incorporated or Qualifed		* .
2 Principal F	Place of Business	2a. Mailing Address		02/29/1996 4. FEI Number	· · · · · · · · · · · · · · · · · · ·	
21	riace of Business	26	•	65-0703257	<u> </u>	plied For ot Applicable
	#, etc.	Suite, Apt. #, etc.			\$8.75	
22	<u> </u>	27		5. Certifcate of Status Desired	Fee Re	
City & Sta	ite -	City & State		6. Election Campaign Financing	\$5.00	May Be
23	Ot	28		Trust Fund Contribution	Added t	to Fees
Zip	Country 25	Zip	Country 30	This corporation owes the current year Personal Property Tax.	Intangible Yes	□No
241	9. Name and Address of Current		30	10. Name and Address of New Registers		
		1101.3	81 Name			
GOE	EBEL, GREG E		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
376 SOUTH COCONUT PALM BLVD. PLANTATION FL 33070				.1		
FLA	INTATION FL 33070	•	83			21111
			84 City		85 Zip 0	Code
11. Pursuant	t to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	s. the above-named com	oration submits this statement for the purpose	of changing its	registered
office or agent. I a	registered agent, or both, in the State of	f Florida. Such change was autons of Section 607,0505. Flori	thorized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	gistered
-90		0.10 0.1 0000001 007 10000, 1 1011	du Digitalog.			
SIGNATURE				<i>,</i> ·	,	•
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agent signature require		,	·
12.	Signature, typed or printed name of registered agent OFFICERS AND	DIRECTORS	13.	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND		13. 1.1 TITLE		AND DIRECTO	RS IN 12
12.	Signature, typed or printed name of registered agent OFFICERS AND P GOEBEL, GREG E	DIRECTORS	13. 1.1 TITLE 1.2 NAME			
12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P GOEBEL, GREG E	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P GOEBEL, GREG E P.O. BOX 1546	DIRECTORS	13. 1.1 TITLE 1.2 NAME			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P GOEBEL, GREG E P.O. BOX 1546	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change	☐ Addition
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14. I hereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental annual report is true, and accurately officer or director of the corporation or the receiver or trustee empowers to Block 12 or Block 13 if changed, or on an attachment with an address with all ption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information payment agnature shall have the same legal effect as if made under oath; that I am an elegant as required by Chapter 607, Florida Statutes; and that my name appears in