

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90086 031 ***150.00

DOCUMENT # P96000027732

1. Corporation Name

O'BYRNE - NOW, INC.

Principal Place of Business

27 CARYSFORT CIRCLE, NORTH
KEY LARGO FL 33037

Mailing Address

P.O. BOX 368
KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1996

4. FEI Number

65-0653863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 10425D OVERSEAS HWY

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.
23 City & State
KEY LARGO FL

27 Suite, Apt. #, etc.

28 City & State

24 Zip 33037 25 Country USA

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'BYRNE, MICHAEL D
27 CARYSFORT CIRCLE, NORTH
KEY LARGO FL 33037

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 10425D OVERSEAS HIGHWAY

84 City KEY LARGO

FL

85 Zip Code 33037

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME O'BYRNE, MICHAEL D
STREET ADDRESS 23 N BLACKWATER LANE
CITY-ST-ZIP KEY LARGO FL

1.1 TITLE P/C/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 10425D OVERSEAS Highway
1.4 CITY-ST-ZIP KEY LARGO, FL 33037

TITLE ☐ DELETE
NAME ~~XXXXXXXXXXXX~~
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME EMANUELA M. SLATE
2.3 STREET ADDRESS 10425D OVERSEAS Highway
2.4 CITY-ST-ZIP KEY LARGO, FL 33037

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE V/D ☐ Change ☒ Addition
3.2 NAME SEAN S. BISHOP-O'BYRNE
3.3 STREET ADDRESS 3431 SADDLE Boulevard, #186
3.4 CITY-ST-ZIP ORLANDO, FL 32826

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/1999 (305) 457-1553

CR2E034 (11/98)

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