## 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 # P9600032720

COCONUT BAY OF KEY LARGO, INC.

Principal Place of Business

Mailing Address

97770 OVERSEAS HIGHWAY KEY LARGO FL 33037

POST OFFICE BOX 2098

## FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90008 002 \*\*\*150.00



KEY LARGO FL 33037 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0664411 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 22 5. Certifcate of Status Desired \$8.75 Additional 27 City & State Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Zip Added to Fees Country Zip Country This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent □No 10. Name and Address of New Registered Agent LARON, ITZIK 97770 OVERSEAS HIGHWAY Street Address (P.O. Box Number is Not Acceptable) KEY LARGO FL 33037 83 84 City 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 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) 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD □ DELETE 1.1 TITLE ☐ Change Addition NAME LARON, ITZIK 12 NAME 97770 OVERSEAS HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition NAME LARON, MARGARET 2.2 NAME 97770 OVERSEAS HIGHWAY STREET ADDRESS 2.3 STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITI F DELETE 3.1 TITLE Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 Block 12 or Block 13 if changed, or in 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 in the property of the component with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)