PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P96000039996
FINS AND FEATHERS	S, INC.

Principal Place of Business 4621 SE BOATYARD DRIVE STUART FL 34997 Mailing Address

4621 SE BOATYARD DRIVE STUART FL 34997

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

03-17-1999 90140 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualified 05/08/1996		
2. Principal P	lace of Business	2a. Mailing Address	<del></del>		4. FEI Number Applied For		
21	acc of Dasiness	26			65-0688757 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional		
22		27			5. Certificate of Status Desired Fee Required		
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	_	This corporation owes the current year Intangible		
24	25	29 3	0	<u></u>	Personal Property Tax. Yes No		
<u> </u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent		
0410	IO CANIDIDA A		81	Name	·		
DAVIS, SANDRA A			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	SE BOATYARD DRIVE						
510	ART FL 34997		83	)			
<b>,</b>			84	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes f Florida, Such change was auti	, the abov	e-named of the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
agent. I ai	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes	i.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Age	nt signature re	required when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition		
NAME	DAVIS, SANDRA A		1.2 NAME	}			
STREET ADDRESS	4621 SE BOATYARD DRIVE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	STUART FL 34997		1,4 <u>CITY</u> -S	T- <i>Z</i> IP			
TITLE	Ţ	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME	Palmer, Timothy		2.2 NAME	1			
STREET ADDRESS	4621 SE BOATYARD DRIVE		2.3 STREE	TADDRESS			
CITY-ST-ZIP	STUART FL 34997		2.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition		
NAME			3.2 NAME	1			
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY- S	ST- ZIP			
TITLE		☐ DELETE	4.1 TITLE	1	☐ Change ☐ Addition		
NAME			4, 2 NAME	Į			
STREET ADDRESS	-		4.3 STREE	TADORESS			
CITY-ST-ZIP			4.4 CITY+S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T- 21P			
TITLE		☐ DELETE	61 TITLE	1	☐ Change ☐ Addition		
NAME	ericita		6.2 NAME				
STREET ADDRESS	soften user go to		6.3 STREE	TADDRESS	ł		
CITY-ST-ZIP	<u> </u>		6.4 CITY-S	T-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 eddress, with all other like empowered.

SIGNATURE:

Jack LURX JAVISRED

7-17-99

561 223-1200

Daytime Phone #