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03-05-1999 90021 011 \*\*\*150.00

## 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

1. Corporation	VIEN 1 # <b>P9600</b> 0	JU4U952			
- '	TIONAL CLEAN PRINT, IN	C.			
*					
Principal Place	of Business	Mailing Address			\$1841 ABIIA 18181 BHIIS 4161 IOOL
21 HILTON HAV	EN RD	21 HILTON HAVEN RD			
KEY WEST FL 33040 KEY WEST FL 33040				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
				05/13/1996	}
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0664430	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8This.corporation.owes.the.current.year.In	
24	25	29 30	)	Personal Property Tax.  10. Name and Address of New Registered	Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name		Agent
TERF	PNER, STEEN			STEEN YELPNER.	
633 SAWYER DRIVE			82 Street	Address (P.O. Box Number is Not Acceptable)	
CUDJOE KEY FL 33042			83 0.	14	<del></del>
			83 21	HILTON HAVEN RD.	les Zi- Codo
			84 City	key west fl	2ip Code 2 2 3 3 0 4 0
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was auth	the above-named	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the apporation or the purpose of the corporation of the purpose of the	f changing its registered intment as registered
SIGNATURE		(NOTE P	seletered Apont signature	required when reinstating) DATE	
12.	Signature, typed or printed name of registered ag	IND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	D	
NAME	TERPNER, STEEN		1.2 NAME	TERPLER, STEEN	. }
STREET ADDRESS	663 SAWYER DRIVV E		1.3 STREET ADDRESS	21 HILTON HAVEN RD.	
CITY-ST-ZIP	CUDJOE KEY FL 33042		1.4 CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		ļ	2.2 NAME		İ
STREET ADDRESS		ļ	2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		C Ob Addition
_IMLE		DELETE	3.1 TITLE		Change Addition
NAME		1	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY- ST-ZIP 4.1 TITLE		Change Addition
TITLE		C Deterio	4.1 INILE 4.2 NAME		
NAME			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 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 suppliemental 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

2-22-99 Date

Addition

Change