## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**CORPORATION** ANNUAL REPORT

1997



Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047224 (6)

**CALDWELL MUSTIQUE CORPORATION** 

**FILED** Apr 18 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address					94111 05051 10016 14010 1	19) 9 9 1 1 1 1 9 1
130 OLD HWY, 98. #4-409 DESTIN FL 32541		130 OLD HWY. 98. #4-409 Destin Fl 32541-4940						
						3. Date Incorporated or Qualified	3a. Date of Las	l Report
						06/04/1996	First r	eport
2. Principal Place of Business		2a. Mailing Address				4. FLI Number	Applied For	
21		26				58-3382694	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Cortificate of Status Desired See Required		
City & State		[27] City & State				6. Election Campaign Financing \$5.00 May Bo		
23		28				Trust Fund Contribution Added to Fees		
Zip Country		Zip Country				8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30			Florida Statutes	Yes 🙀 No	
	9. Name and Address of Current	Registered Agent		l,		10. Name and Address of New Reg	Istered Agent	
	CORPORATION SYSTEM			81 N	ame			
	SOUTH PINE ISLAND ROAD			82 Street Ad		ess (P.O. Box Number is Not Acceptabl	e)	
PLA	NTATION FL 33324			83				
				03				
				84 C	ity		85 7	ip Code
11. Pursuant to the previsions 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. Thereby 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 table diapplication. (NOTE: Registered Agent signature required when retribibling).  DATE								
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	Lynn A. Caldwell	DECE! -					Chang	e L Addition
NAMÉ	President		l l	NAMÉ				Ì
STREET ADDRESS	Old Highway 98 #	4-409		STREET ADD				
CITY-ST-ZIP	Destin, FL 3254	1		CITY - \$1 - 7I	!'		Chang	e Addition
TITLE NAME	Stevens T. Caldw	ell """		NAME				
STREET ADDRESS	Secretary			STREET ADE	EH 55 HA			
CHTY-ST-ZIP	Old Highway 98 #			CITY-SI-Z				
TITLE	Destin, FL 32541	DELE			·		☐ Chang	je 🔲 Addition
NAME			321	NAME				
STREET AODRESS			335	STREET ADD	RESS			
CITY-ST-7IP				CHY-51-7	r 1			
TITLE		DELE	l 411	IIILE			Chang	ge 🔲 Addition
NAME			4 2	NAME				
STREET ADDRESS			4.3 \$	STHEET ADD	RESS			
CITY-ST-ZIP				CIJY \$1-7	?		·-····· <b>r</b>	
TITLE		∐ DELE		MuF			L_  Chang	ge [_] Addition
NAME				1MAN				
STREET ADDRESS				STREET AOC				
CITY-ST-ZIP		recei		CITY - \$1 - 71	P			ne Addition
TITLE		LTI DELE		IIItE			L_J Chang	je 🗀 Addilion j
NAME				NAML				
STREET ADDRESS				STREET ADE				
CITY-ST-ZIP	by certify that the information supplied	with this filling does not		CITY-S1-7		in Section 119 07(3)(i) Florida Statutes	: I further certify th	nal the

Too indexy certify that the information supplied with this ining docs not quality for the exemption stated in Section 118.07(3)(f), Florida Statutes, Florida 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 trusted 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 for an attachment with an address.