Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

## 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 # P96000060099

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

BAREFOOT COVE, INC.

PIU	icipa	ii Piac	e o	DUSII	н
855	N.E.	78TH	STF	REET	
200	'A D	MOTA	C1 4	32407	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

855 N.E. 78TH STREET **BOCA RATON FL 33487** 

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

29

Zip

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90111 032 \*\*\*150.00



	DO NOT WRITE	IN	THIS	SPA	CI
3.	Date Incorporated or Qualifed				

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

07/16/1996

65-0689205

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

4. FEI Number

HAWLEY, JOHN R 855 N.E. 78TH STREET BOCA RATON FL 33487			"	Marine					
			82	Street Address (P.O. Box Number is Not Acceptable)					
			83		4,				,
			84	City				85 Zip (	eho:
			04	City			FL	65  Zip (	,ouç
office or re	to the provisions of Sections 607.0502 and 607.1508, Florida egistered agent, or both, in the State of Florida. Such change in familiar with, and accept the obligations of, Section 607.05	was authorize	d by I	the corpo	corporation submits this state ration's board of directors. I h	ment for the purposi ereby accept the ap	e of c ppoint	hanging its ment as re	registered pistered
SIGNATURE		ALOTE: D. J. J.		:	and the acceptation	DATE	<u> </u>		
	Signature, typed or printed name of registered agent and title if applicable.			i signature re	aduired when reinstating)  ADDITIONS/CHAN			DIRECTO	RS IN 12
12.	OFFICERS AND DIRECTORS  DEL	13.			ADDITIONS/CHAN	GES TO OFFICER	3 MINE	Change	Addition
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CITY-ST-ZIP	BOCA RATON FL 33487		TY-\$1	-ZIP					
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CITY-ST-ZIP	BOCA RATON FL 33487	2.4	CITY-S	T-ZIP			•		
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NAME			VAME	-				_	
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			CITY-ST						
CITY-ST-ZIP	pertify that the information supplied with this filing does not gu			- 1	in Section 119 07(3Vi) Floric	la Statutes I furthe	r certi	fy that the i	nformation

Country

30

indicated on this annual report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that it embrination 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 of the stee 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: