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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P960 Y LARGO, INC.	00070271 (	(7)		
Principal Place of Business Mailing Address					
201 COUNT		201 COUNTY ROAD	)		
BIG PINE KEY FL 33043 BIG PINE KEY FL 3304				DO MOT WINES IN THE CO.	
				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
2. Principal P	face of Business	2a, Mailing Address		08/21/1996 4. FEI Number Applied For	
21 26			65-0698579 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		60.75 A Historia	
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	
—₁ Žiρ	Country	Zip	Country	8. This corporation owes or has paid the current year intangible	
24	9. Name and Address of Curr	29	30	Personal Property Tax due June 30. X Yes No	
	IVELY, ALTON J	ent registered Agent	81 Name	10. Name and Address of New Registered Agent	
office or r agent. I a	to the provisions of Sections 607.00 egistered agent, or both, in the Sta m familiar with, and accept the obta	le of Florida. Such change w	as authorized by the corr	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable (	NOTE: Registered Agent signature	required when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	Change Additio	
NAMÉ	LIVELY, ALTON J	•	1.2 NAME		
STREET ADDRESS	201 COUNTY ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BIG PINE KEY FL 33043	Doubte.	1.4 CITY-ST-ZIP		
TITLE	D INCIA DELLA	☐ DELETE	2.1 TITLE	Change Additio	
NAME	LIVELY, BETTY 201 COUNTY ROAD		2.2 NAME		
STREET ADDRESS	BIG PINE KEY FL 33043		2.3 STREET ADDRESS		
CITY-ST-ZIP	DIO FINE NET FE 00040	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	☐ Change ☐ Additio	
NAME		C. Dettile	3.2 NAME	L Onergy L Maint	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	Change Addition	
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	<u> </u>		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	. 6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY-ST-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 atjachment with an address.

**FILED** 

Mar 09 1998 8:00am

Secretary of State