## 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 # P96000070921

1. Corporation Name

Principal Place of Busines 3960 SOUTH BANANA RIVE	ss	3960 S	g Address OUTH BANANA RIVER	BLVD.						
COCOA BEACH FL 32931 COCOA BEACH FL 32931							DO NOT WRITE IN THIS SPACE			
· ·							3. Date Incorporated or Qualifed 08/26/1996			
Principal Place of Business     2a. Mailing Address						-	4. FEI Number		Apr	lied For
26							59-2519864			Applicable
Suite, Apt. #, etc. 27			Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>-</b>	.75 A ee Red	dditional quired
City & State	· · · · · · · · · · · · · · · · · · ·	28	ty & State				6. Election Campaign Financing Trust Fund Contribution	•	5.00 t	May Be Fees
Zip	Country	Zip		Coun	itry		8. This corporation owes the current year I			_
24	25	29	36	0			Personal Property Tax.	□Ye		□No
Name and Address of Current Registered Agent					,		10. Name and Address of New Registere	d Agent		
RUNYAN, GARY G 3960 SOUTH BANANA RIVER BLVD. COCOA BEACH FL 32931					81	Name Street Add	Idress (P.O. Box Number is Not Acceptable)			
COCOA BEAC	П ГЦ 32931				83					
}					84	City	F		Zip C	
11. Pursuant to the provision office or registered agant. I am familiar w	sions of Sections 607.0502 gent, or both, in the State of hith, and accept the obligat	and 607.1 of Florida. S ions of, Se	1508, Florida Statutes Such change was aut ction 607.0505, Florid	, the ab norized a Statu	by tes.	-named cor the corpora	rporation submits this statement for the purpose stion's board of directors. I hereby accept the app	of chang ointment	ing its i ; as reg	egistered jistered
SIGNATURE			WOTE B				uired when reinstating) DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere 12. OFFICERS AND DIRECTORS 13					- gen	t signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIF	ECTO	RS IN 12
TITLE D DELETE 1.1					LF		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		hange	Addition
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00004 054011 51 00004					Y-ST					
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NAME		-	<del></del>	2.2 NA	ME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				2.4 CIT						
TITLE			☐ DELETE	3.1 TITI		·	and the second s	C	hange	☐ Addition
NAME				3.2 NAI						
, which is a second of the sec					3.3 STREET ADDRESS					
CITY-ST-ZIP				3.4. CIT			•	•		
TITLE	4.00		☐ DELETE	4.1 TITI		,		c	hange	Addition
NAME			_	4. 2 NA			•			
STREET ADDRESS				4.3 STF	REET	ADDRESS				

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, own an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

Change

Change

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90153 013 \*\*\*150.00

Addition

Addition