## 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 # P96000084693

J			
Principal Place of Business	Mailing Address		
2819 N. ROOSEVELT BLVD. KEY WEST FL 33040	2319 N. ROOSEVELT BLVD. KEY WEST FL 33040		
2. Principal Place of Business	2a. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		

## FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90020 031 \*\*\*150.00



Applied For

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

10/14/1996 4. FEI Number

65-0704716

📑 Suite, Api	t. #, etc.	Suite, Apt. #, etc.					tot Applicat	
2	27				5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State				6. Election Campaign Financing				
		28			Trust Fund Contribution		May Be	
Zip	Country	Zip	Cour	ntry	<del></del>		to Fees	
	25	29	30		8. This corporation owes the current year Intangible			
	9. Name and Address of Currer		1301		Personal Property Tax.	☐ Yes	□No	
		3		81 Name	10. Name and Address of New Regis	tered Agent		
	CEY, G.J.			- I Haine	·			
2319 N. ROOSEVELT BLVD. KEY WEST FL 33040				82 Street Add	eet Address (P.O. Box Number is Not Acceptable)			
			L					
				83			1 11 11	
ř.				84 City			1 3 9 9 1	
				1,	•		Code	
Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the ab	ove-named corp	poration submits this statement for the purp	ose of changing its	rogietoros	
agent. I a	am familiar with, and accept the obligation	of Florida. Such change was au tions of Section 607 0505 Flor	uthorized I	by the corporati	poration submits this statement for the purp ion's board of directors. I hereby accept the	appointment as re	gistered	
III. GNATURE	,		ioa Statut	es.			<u>-</u>	
SIVATORE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE:	Registered A	gent signature require			•	
û	OFFICERS AN		13.	gont aignature require		ATE		
E	DP	☐ DELETE	1.1 TITL		ADDITIONS/CHANGES TO OFFICE			
IE	PACEY, G.J.		1.2 NAM		\$ 2.	☐ Change	. Addit	
EET ADDRESS	a' _ a	RN		_				
ST-ZIP KEY WEST FL 33040				EET ADDRESS				
E	DS	[7] DC: Exc		-ST-ZIP				
		☐ DELETE	2.1 TITLE	1		☐ Change	Addit	
E	PACEY, CONSTANCE L		2.2 NAMi	E	•			
EETADORESS	1901 S. ROOSEVELT BLVD. 108	BN	2.3 STRE	ET ADDRESS				
-ST-ZIP	KEY WEST FL 33040		2. 4 CITY	-ST-ZIP				
=	DVP	☐ DELETE	3.1 TITLE			Change	Additio	
: /	PACEY, VANCE G		3.2 NAME	.				
ET ADDRESS	1901 S. ROOSEVELT BLVD. 108N		3.3 STREET ADDRESS					
-ST-ZIP	KEY WEST FL 33040							
1		☐ DELETE	3.4. CITY- 4.1 TITLE					
Ē						Change	Addition	
ETADORESS	•	. ,	4. 2 NAMI	_			•	
ST-ZIP				ET ADDRESS	• •			
H .		D DELETE	4.4 CITY-					
		☐ DELETE	5.1 TITLE			☐ Change	Additio	
1			5.2 NAME					
ET ADDRESS			5.3 STREE	T ADDRESS	•			
ST-ZIP			5.4 CITY-1	ST-ZIP	$\cdot$		•	
- 1		☐ DELETE	6.1 TITLE			Change	☐ Additio	
ļ			6.2 NAME		•			
ET ADDRESS	•		6.3 STREE	TADDRESS			•	
ST-ZIP			64 CITY-5	ST. 7IP	•			
TY-ST-ZIP	ortify that the information supplied with in this annual report or supplemental a irector of the corporation or the receive Block 13 if change(t, or on an attach).	this filling does not qualify for the	6.4 CITY-5	ST-ZIP	ection 119.07(3)(i), Florida Statutes. I furthe	r certify that the int	forma	

SIGNATURE:

PATORS AND TYPED OB PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

19 | 99 305

305-292-7745

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