## 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

## FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90008 044 \*\*\*150.00

## DOCUMENT # P97000012639

ST. REGIS SUN POINTE INC.								
Principal Place of Business	Mailing Address				i iåsilas: ils ikter tästt göttt i			
701 EAST BAY DR	PO BOX 5							
LARGO FL 33770 STOWE VI 05672-0005				1	DO NOT WE	RITE IN TH	S.SPACE	
JS	US				<ol><li>Date Incorporated or Qualife</li></ol>	d	-	
					02/07/1997			
2. Principal Place of Business	2a. Mailing Address				4. FEI Number		ļ <del>.  ```</del>	lied For
-n	26	_			98-0168594			Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			ļ	5. Certificate of Status Desired		\$8.75 A Fee Red	
2	27					<u> </u>	\$5.00	<del> </del>
City & State	City & State				6. Election Campaign Financin	9 🗆	Added to	
3	28				Trust Fund Contribution  8. This corporation owes the contribution	urrent year		
Zip Country	Zip	Country	У	1	Personal Property Tax.	uitent year	Yes	<b>□</b> No
4 25	29	30			10. Name and Address of Nev	w Registere	d Agent	
9. Name and Address of Curren	t Registered Agent		Name	-				
COLLNED DICHARD H			ł			-toblo)		
SOLLNER, RICHARD H		82	2 Street	Address	(P.O. Box Number is Not Acce	plable)		
2700 BARNETT PLAZA 101 E KENNEDY BLVD		83	3		11000000000000000000000000000000000000	\$\$11 <b>4</b> 2 11 17		
*** =						<u> </u>	85 Zip (	1917 (50 128) Oder 50 1481
TAMPA FL 33602		84	1		14.8°	F	L   **   ' '	
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statu of Florida. Such change was	ites, the abor authorized by	ve-named y the corp	corpora oration's	s board of directors. I hereby ac	cept the app	pointment as re	gistered
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga SIGNATURE	nt and title if applicable. (NOT	E: Registered Ag			han reinetelling)	DATE		
SIGNATURE Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Ag	ent signature		ADDITIONS/CHANGES TO	DATE		RS IN 12
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4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Filinda Statutes. I make under oath; that I am an 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 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 indicated on this annual report or the true is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or the true is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or the same legal effect as if made under oath; that I am an indicated on this annual report or the control 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 attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 22, 1999 514-421-8720

Daytime Phone #

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