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 # P97000013107

1. Corporation Name

THE SERVICE CENTER AT TAVERNIER CREEK, INC.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90179 022 ***150.00



Principal Place of Business Mailing Address					I (BB)1940; iso intil touti orbit adits	PRIN GRIDI LIBRO II	/81 18861 0	18114 (881 1881
90800 OVERSEAS HIGHWAY 90800 OVERSEAS HIGHWAY TAVERNIER FL 33070 TAVERNIER FL 33070					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					02/10/1997			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ap	plied For
21 26					65-0750965		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, et						□ \$8	.75 A	dditional
22	27				5. Certifcate of Status Desired	١	Fee Re	quired
City & State	8	City & State			6. Election Campaign Financing			
23	28				Trust Fund Contribution		added to	o Fees
Zip			Country	a. Who do political and a series year and a				
24	25 29 30			Personal Property Tax. X Yes No				
<u> </u>	9. Name and Address of Current	Registered Agent	81	Nr	10. Name and Address of New Re	gistered Agen	<u>:</u> -	
AMERILAWYER CHARTERED				Name				
343 ALMERIA AVENUE			82	Street Ad	ess (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134								
COR	AL GABLES I E 35154		83	l				Í
			84	City		85	Zip C	ode
		(444 (444 44 44 44 44 44 44 44 44 44 44		<u> </u>		FL °°	in a ito	ragistarad
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was auth	orized by	the corpora	rporation submits this statement for the pition's board of directors. I hereby accept	the appointmen	t as reg	pistered
SIGNATURE						•		
	Signature, typed or printed name of registered agent		<u> </u>	nt signature requ	ired when reinstating)	DATE		20 114 40
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI		RECTO: hange	Addition
TITLE	PD ALERED	☐ DELETE	1.1 TITLE			۵۷	anigo	
NAME	PAPINEAU, ALFRED		1.2 NAME					
STREET ADDRESS	TANCONICO EL 2007O		1.3 STREET ADDRESS					ļ
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	T-ZIP		П	hange	Addition
TITLE	VSD DADINEAU CLAIDE	C DECETE	2.1 TITLE 2.2 NAME			٥٠	iu.,g-	
NAME	90800 OVERSEAS HIGHWAY	74 112 to; Ob 114 E		F 1000000				
STREET ADDRESS			2.3 STREE		-			
CITY-ST-ZIP	TAVERNIER FL 33070	□ DELETE	2. 4 CITY-5 3.1 TITLE	31-ZIP ·~{:		~~~~F3C	hange	(=) Addition
NAME			3.2 NAME				-	_
	I		3.3 STREE	T ANDRESS				ļ
STREET ADDRESS	1		3.4. CITY-5					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE			C	hange	Addition
NAME		_	4, 2 NAME			_		}
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CITY-ST-ZIP	· pormon		4.4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE			□C	hange	☐ Addition
NAME		į	5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE	DELETE 6.1		6.1 TITLE			□c	hange	Addition
NAME			6.2 NAME					}
STREET ADDRESS			63 STREET	ADDRESS		:		}
CITY-ST-ZIP			6.4 CITY-S	T-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 attachment with an address, with all other like empowered.

SIGNATURE: