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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # 1. Corporation Name

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90069 017 ***150.00

Principal Place of Business , Mailing Address		4	
96000 OVERSEASHINAY			
		DO NOT WRITE IN THIS	C CDACE
R-5		3. Date Incorporated or Qualifed	3 SPACE
Key Largo, Fc 33037		2/24/97	
2. Principal Place of Business 2a. Mailing Address		4. FEI Numbe 65-0727598	Applied For
27 96000 WERSEAS HIWBY 26 SAME		65-0727598	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	<u> </u>	5. Certifcate of Status Desired	\$8.75 Additional
22 K-> 27			Fee Required
City & State City & State 28 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip	Country	_8. This corporation owes the current year Ir	ntangible
24 3 3 0 3 7 25 USA 29 3	ō	Personal Property Tax.	☐ Yes ☐ No
Name and Address of Current Registered Agent		10. Name and Address of New Registered	I Agent
Billy J. MEADONS	81 Name		
96000 OVERSEAS HIWAY R-	5 82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
KEY LARGO, FL 33037	83		
Rel CARO, O, 1 = 33	84 City		85 Zip Code
		Fl	_
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was autit 	, the above-named corporation	oration submits this statement for the purpose ones board of directors. I hereby accept the appo	f changing its registered
agent. Tain familiar with and acept the obligations of, Section 607.0505, Florid	a Statutes.	مأن	
SIGNATURE TOLLY AT ME CONTROL OF THE SIGNATURE TOLLY	Klesso	ent Ho	1/99
Signature, typed or punted numerof registered agent and title if applicable. (NOTE: Re	egistered Agent signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12. OFFICERS AND DIRECTORS TIME DESCRIPTION DELETE	13. 1.1 TMLE		ND DIRECTORS IN 12 Change Addition
	1.2 NAME	Hespoent	7
NAME BILLY MEADONS STREET ADDRESS 76000 DEPSEAS HIWAY R-5	1.3 STREET ADDRESS	BILL WERDING	8
11/ 1 - (- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Jame	2E
TITLE DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition ☐
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP	2. 4 CITY-ST-ZIP		
TITLE DELETE	3.1 πn.E		☐ Change ☐ Addition
NAME	3.2 NAME		_
STREET AODRESS	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	5.4 CITY-ST-ZIP		
TITLE DELETE	6.1 TITLE	· 	☐ Change ☐ Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filling does not qualify for the	ia avametion stated in Sc	action 119 07(3)(i) Florida Statutes I further ce	rtity that the information

inereby certify that the information supplied with risk fling 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 it changed, of on an attachment with an address, with all other like empowered.