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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

DOCUMENT # P97000020826 1. Corporation Name

Katherine Harris Secretary of State

May 06, 1999 8:00 am Secretary of State

05-06-1999 90275 036 ***150.00

Principal Plac P.O. BOX 272 KEY LARGO FL		Mailing Address P.O. BOX 272 KEY LARGO FL 33037				DO NOT WRITE IN THIS :		
						03/06/1997 4. FEI Number	77	Applied For
2. Principal Place of Business 2a. Mailing Address 21						65-0751309	\ \-	Not Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.								Additional
22 27						5. Certificate of Status Desired		Required
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year Inta		\d
24	25	29	30			T COOKER TOP STORY	Yes	No
	9. Name and Address of Cur	rent Registered Agent		<u> </u>		10. Name and Address of New Registered A	gent	
DOL	IDITE TACK			81	Name			
BONDUS, JACK				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
96000 Overseas hwy apt ee35 Key largo fl 33037				Ĺ				
KET	LARGO PE 33037			83				
				84	City		85 Zir	Code
				<u> </u>	L	FL poration submits this statement for the purpose of a	<u> </u>	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (N		d Ager		ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	DIRECT	ORS IN 12
12.	DEFICERS	AND DIRECTORS		TILE		ADDITIONO/OFFANGES TO GIT IDENO AND	Change	
TITLE	BONDUS, JACK	□ 0000.0	4	IAME	1			_
NAME	ACCOUNT OUT DOT A C A BARY A DE	T FE35	8		ADDRESS			
STREET ADDRESS	KEY LARGO FL 33037	LECO	1	OTY-S	ì			
CITY-ST-ZIP TITLE	NET ENIGOTE GOOD	☐ DELETE		TLE	1-211		Change	Addition
NAME				IAME				
STREET ADDRESS	ļ				ADDRESS			
	'			CITY-S				
CITY-ST-ZIP TITLE	 	☐ DELETE		TILE			☐ Change	e Addition
NAME				EMA	-			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITY-S				
TITLE	 	☐ DELETE		TILE			Change	→ Addition
NAME			4. 2	NAME	}			
STREET ADDRESS			4,3	TREE	ADDRESS			
CITY-ST-ZIP			4.4	CITY-S	T- ZIP			
TITLE		☐ DELETE	5.1	ITLE			Change	e [] Addition
NAME				AME				
STREET ADDRESS			53	TREE	ADDRESS			
CITY-ST-ZIP				CITY-S	Y-ZIP			
TITLE		☐ DELETE	•	TLE			Change	e [] Addition
-	(6.2	IAME	(
== ADDRESS			I	TREE	ADDRESS			

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 suppliemental 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.

