

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90116 026 ***158.75

DOCUMENT # **P97000033304**

1. Corporation Name
GRUNTS, INC. (Amendment filed March 20, 1999 to
change name to Madness Oasis, Inc.)

Principal Place of Business

409 CAROLINE STREET
KEY WEST FL 33040

Mailing Address

409 CAROLINE STREET
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1997

4. FEI Number

65-0754491

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

MILLS, PAUL S
601 DUVAL STREET
SUITE 4
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name James B. Edwards

82 Street Address (P.O. Box Number is Not Acceptable)
99 Golf Club Drive

83

84 City Key West

FL

85 Zip Code 33040

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE James B. Edwards, Treasurer

Apr 27, 1999

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **D**
NAME **EDWARDS, JAMES B**
STREET ADDRESS **99 GOLFCLUB DRIVE**
CITY-ST-ZIP **KEY WEST FL 33040**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition

1.2 NAME Marian J. Kershenbaum

1.3 STREET ADDRESS 162 Golf Club Drive

1.4 CITY-ST-ZIP Key West, FL 33040

2.1 TITLE Vice President ☐ Change ☒ Addition

2.2 NAME Donna M. Edwards

2.3 STREET ADDRESS 99 Golf Club Drive

2.4 CITY-ST-ZIP Key West, FL 33040

3.1 TITLE Treasurer ☒ Change ☐ Addition

3.2 NAME James B, Edwards

3.3 STREET ADDRESS 99 Golf Club Drive

3.4 CITY-ST-ZIP Key West, FL 33040

4.1 TITLE Secretary ☐ Change ☒ Addition

4.2 NAME James L. Kershenbaum

4.3 STREET ADDRESS 162 Golf Club Drive

4.4 CITY-ST-ZIP Key West, FL 33040

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James B. Edwards, Treasurer

Apr. 27, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)