PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State -DIVISION OF CORPORATIONS

DOCUI	MENT # P97000	039161				
	EITEMEYER ENTERPRISES,	INC.				
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			·			
Principal Place of Business Mailing Address						
P.O. BOX 455						
SUMMERLAND KEY FL 33042 SUMMERLAND KEY FL 33042				DO NOT WRITE IN THE	S SPACE	
•				3. Date Incorporated or Qualifed		
				05/01/1997		
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For	
26			65-0760314	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
		City 8 State			\$5:00 May Be	
		City & State		6." Election Campaign Financing Trust Fund Contribution	Added to Fees	
23Zip	Country	Zip	Country		ntangible	
24	25	29 30		Personal Property Tax.	VZYes □No	
=-1	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	1 Agent	
			81 Name		. 🔟	
DETEMEYER, JOHN -24780 PARK DR. P.O. BOY 42			82 Street	et Address (P.O. Box Number is Not Acceptable)		
SUMMERIAND KEY FL 33042			31	7 PARIC DICIVE		
SUMMERLAND NET FL 33042			83	<u> </u>		
			84 City	MELLANO KEY / F	85 Zip Cod 2	
State of the state						
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 is 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.						
i	m familiar with, and accept the obliga	gons of, Section 607.0505, Florida	a Statutes.			
SIGNATURE	Signature, typed or printed name of registered ages	it and title if applicable. (NOTE: Ro	gistered Agent signature	equired when reinstating) DATE		
12.			13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition Change Addition	
TITLE .	P	☐ DELETE	1.1 TITLE	Deterrenery John D	2 012 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
NAME	DEITEMYER, JOHN D		1.3 STREET ADDRESS	Summerson KEY, E 3	ع 455 صر <u>د</u> ان	
STREET ADDRESS	35 24700 174W 510		1.4 CITY-ST-ZIP	SUMMERIAND PE (, 12 -	i i	
TITLE	SUMMERICAND RET PC 33042	□ DELETE	21 TITLE		Change Addition O	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change	
TITLE		OELETE	4.1 TILE			
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS			
ĺ			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			52 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	-		
A	I		6.4 C/TY-ST-Z/P		}	

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 angual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the received or trusted 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.

OFFICER OR DIRECTOR OR CE

FILED

Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90054 022 ***150.00