PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Mar 08, 1999 8:00 am Secretary of State 03-08-1999 90078 012 ***150.00

	1999 DIVISION OF CORPORATIONS											
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JUNGLE	s of Key West, II	VC.			- ,	!						
Principal Place	e of Business	Mailing	Address			٦.		i (81) (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HEI SOUI SOU	I WHAT INDICATION		
916 JAMES ST.		916 JA	916 JAMES ST.				•	•				
KEY WEST FL 33040			KEY WEST FL 33040					DO NOT WRI	TE IN THE	S SPACE		
						 	. Date Incorpora				 -	1
						- {	06/09/1997			4		
2. Principal Pl	lace of Business	2a. Ma	2a. Mailing Address								pplied For]
21		26	26				65-0766559			N	ot Applicable]
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				. Certificate of St	atus Desired			Additional	}
22		27						<u> </u>			equired	┨
City & State	0		City & State				Election Camp				May Be to Fees	
23	Country		Zip Country				Trust Fund Co. This corporation		ront veer la		10 1003	1
Zip	25	29	▗▖ ▎ ▃▗ ▝▘▘▘▘				Personal Prop			Yes	No	12 A-12
24 25 29 9. Name and Address of Current Registered Agent). Name and Ad			l Agerit]
-	<u> </u>				Name	616	וטות החצו	<i>(</i>			•	1
BARNES, MICHAEL R					32 Street	Address	P.O. Box Numbe	ris Not Accept	able)			1
513 WHITEHEAD ST. KEY WEST FL 33040					19	10	pines :	<i>∃</i> T:	<u>.</u>			-
RET	WEST PL 33040			1	13 1	11 7	1001		•			
				1	34 City		10 1200	1.	· · · Ei	85 Zig	Cody	1
	to the provisions of Section		COD Classes	#			on cubmits this of	ntement for the	numose o	t changing its	registered	1
11. Pursuant office or re	to the provisions of Section agistered agent, or both, in m familiar with, and accept	the State of Florida. S	Such change was a	uthorized	by the corpo	pration's	board of directors	, I hereby acce	pt the appo	ointment as re	gistered	
agent. I a	m familia/ with, and accept	the obligations of	ction 607.0505, Flo	nga Statut	es. 1—	0	100					}
SIGNATURE	Signature, typed/or private name of i	registered agent and bile if appl	icable. (NOTE	: Registeled A	and the	Squiryti wher	(reinstating)		DATE			<u></u>
12.	OFF	ICERS AND DIRECTO		13.		7	ADDITIONS/CH	ANGES TO OF	FICERS A			CR2E034 (11/98)
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CITY-ST-ZIP	KEY WEST FL 33040			_	1,4 CTTY-ST-ZIP 2,1 TITLE					Change	Addition	წ
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CITY-ST-ZIP	<u> </u>			8.4 CITY						10 11 11		J
14 I horoby	portify that the information s	condiad with this filing	does not qualify to	r the exem	ntion stated	in Section	on 119.07(3)(i). Fl	orida Statutes.	i further ce	muy that the	momation	

I nereby certify that the information supplied with this hing does not quality for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further calley that the intornation 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 expowered 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 an an attachment with an address, with all other like empowered.