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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P97000055991 (8)

## **FILED** May 04 1998 8:00am Secretary of State

Principal Plac	END BUOY, INC.	Mailing Address 217 VIRGINA ST. KEY WEST FL 33040				DO NOT WRIT				
]						3. Date Incorporated or Qualified				7
9 Principal F	Place of Business	2a. Mailing Address				06/25/1997 4. FEI Number			allad Far	-
21	Table of Eddiness	26				4. TETROTTE			oplied For ot Applicable	4
Suite, Apt.	. #, etc.	Suite, Apt #, etc.					M	\$8.75		1
22		27				5. Certificate of Status Desired		Fee Re	quired	_[
City & Sta	le	Cily & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1		
Zip –	Country	Zip	Cou	ntry		8. This corporation owes or has p			angible	7
24	25	29	30			Personal Property Tax due Jun		☐ Yes	No	1
ļ	9. Name and Address of Currer	nt Registered Agent		81 N	ame	10. Name and Address of New R	egistered	Agent		4
	ALLEN, JOSEPH B III		(	<u> </u>	anie					
	B17 WHITEHEAD ST. KEY WEST FL 33040			<b>82</b> S	treet Addri	ess (P.O. Box Number is Not Accepta	ble)			
ļ , , , , , , , , , , , , , , , , , , ,	NET #1231 FE 33040		ł	83						$\exists$
Ì			ì	_				<del></del>		_]
				84 0	ity		FL	85 Zip (	Code	
office or	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was a	authorized	d by the	med corp corporati	oration submits this statement for the on's board of directors. I hereby acce	purpose o	of changing its pointment as	s registered registered	
SIGNATURE	arrivariation with the accept the cong	10010 01, 0000011 007.0000, 710	A GIGI	uios.						1
SIGNATURE	Signature typed or printed name of registered agr	not and title if applicable (NOT	Registered	Agent si	gnature require	ed when reinstating)	DATE			۶
12.	T	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN			٤
TITLE	D DIONAMED BION	☐ DELETE	1.1 TiT					Change	Addition	Į
NAME	LIGHTNER, RICK 217 VIRGINA ST.		1.2 NAME							13
STREET ADDRESS	KEY WEST FL 33040	1.3 STREET ADD 1.4 City- St-71							Ü	
CITY-ST-ZIP TITLE	WEI WEGITE 53040	DELETE	2.1 1/1		<u></u>			Change	Addition	48
NAME	1	<b></b>	2.2 NA		Ì				- Addition	
STREET ADDRESS			2.3 ST		RESS					ŀ
CITY-ST-ZIP	]			2, 4 CITY- ST- ZIP						
TITLE		DELETE						Change	Addition	1
NAME		3.2		ME	1					
STREET ADDRESS			3.3 STI	REFT ADD	RESS					
CITY-ST-ZIP			3.4. City		P					1
TITLE	ĺ	☐ DELETE	4.1 TiT					Change	Addition	
NAME			4. 2 NA							
STREET ADDRESS				REET ADD						
CITY-ST-ZIP TITLE	<u> </u>	DELETE	5.1 YIT	Y-S1-Z0	<u>'—</u> —			Change	Addition	┨
NAME				5.1 THEC 5.2 NAME				CHONGO		
STREET ADDRESS				REET ADD	AESS	*				
CITY-ST-ZIP			1	Y-ST-ZI	1					Ì
TITLE		DELETE	6.1 117			<del></del>		Change	Addition	1
NAME			6.2 NA	ME	)					
STREET ADDRESS			6.3 ST	REET ADD	AESS					
CITY-ST-ZIP				Y-ST-ZII						
14. I hereby	certify that the information supplied w	ith this filing does not qualify for	r the exc	mption	stated in S	Section 119.07(3)(i), Florida Statutes.	further c	ertify that the	information	7

The maximy signature shall have the same legal effect as if made under oath; that I am at whits report as required by Chapter 607, Florida Statutes; and that my name appears in CECHALL LIGHTWER officer or director of the corporation of the reverse or trustee of Block 12 or Block 13 if changed, of on an attachment with an a