

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

99 SEP 15 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000078157
1. Corporation Name
Algiers Gulf Resort, Inc.

Principal Place of Business
9550 125th street
Seminole, FL
33772

Mailing Address
(same)

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
8/9 1997

2. Principal Place of Business
a1 9550 125th street
b1 (same)

26. Mailing Address
a2 (same)

27. City & State
a3 Seminole, FL

28. City & State
a4 (same)

29. Zip
a5 33772

30. Country
a6 U.S.A.

4. FBT Number
59-3467374

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be Added to Fees

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

8. Name and Address of Current Registered Agent
Paul Schwbert
9550 125th street
Seminole, FL 33772

10. Name and Address of New Registered Agent
b1 Name Nancy W. Hunt, Esquire
b2 Street Address (P.O. Box Number is Not Acceptable)
1580 Oakhurst Road
b3
b4 City Largo b5 FL b6 Zip Code 33774

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE Judy E. Schwbert DATE 10 Sept. 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>President</u>	<input type="checkbox"/> DELETE	11 TITLE <u>100002993391</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>Paul Schwbert</u>		12 NAME <u>-09/22/99-01006--00</u>	
STREET ADDRESS <u>9550 125th St.</u>		13 STREET ADDRESS <u>****350.00</u>	
CITY, ST, ZIP <u>Seminole, FL 33772</u>		14 CITY, ST, ZIP <u>****350.00</u>	
TITLE <u>Director</u>	<input type="checkbox"/> DELETE	21 TITLE <u>100002993391</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>Judy E. Schwbert</u>		22 NAME <u>-09/22/99-01006--005</u>	
STREET ADDRESS <u>9550 125th St.</u>		23 STREET ADDRESS <u>****558.75</u>	
CITY, ST, ZIP <u>Seminole, FL 33772</u>		24 CITY, ST, ZIP <u>****558.75</u>	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

REINSTATEMENT 98-99 ITS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judy E. Schwbert for Paul Schwbert 9/10/99 727-
Judy Schwbert 393-8351