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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000078549**1. Corporation Name

FISHERMAN'S LANDING II, INC.

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90037 001 ***150.00



Principal Pla	nce of Business	Mailing Address					ing ma ng ba nn mb ini	1800; 18101 011)	F1910 1911 1881
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						3. Date Incorporated or Qua		SOFACE	•
						09/08/1997	meu		
2. Principal	Place of Business	2a. Mailing Address				4, FEI Number	 .	- 	
21		26				1 '		<u> </u>	plied For
Suite, Apr	t # etc	Suite, Apt. #, etc.				59-3468845			ot Applicable
22	,	\vdash				5. Certificate of Status Desire	ed 🗆		Additional
City & Sta	ate	City & State						Fee Re	<u> </u>
23	,	⊢ ′				6. Election Campaign Finance	ing 🗆 .	\$5.00	
Zip	> Country	Zip	Cou	ıntn (Trust Fund Contribution		Added	to Fees
24	25	├ '	_	нику		8. This corporation owes the	current year In		
24	9. Name and Address of Current		30	1		Personal Property Tax.		☐ Yes	□No
	5. Name and Address of Current	Registered Agent		81	Nama	10. Name and Address of N	ew Registered	Agent	
WE	BSTER, DANIEL J			°'	Name				•
	0 W INTERNATIONAL SPEEDWAY	RI VD		82	Street Addres	ss (P.O. Box Number is Not Acc	eptable)		
	TON BEACH FL 32114	DLVU							
·	TON BEACH PE 32114			83			7	: '	
				84	City			· ,	
					•		FI	85 Zip (
11, Pursuant	t to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the at	bove-	named corpor				
OHICE OF		ons of, Section 607.0505, Flori	tnorized da Statu	ı by tr utes.	ne corporation	's poard of directors. I hereby a	ccept the appoi	intment as req	gistered
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Flori	thorized da Statu Registered	ı by tr utes.	named corpor he corporation signature required w	's poard of directors. I hereby a	ccept the appoi	intment as req	gistered
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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

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP