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

PROFIT CORFORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Country

81

82

83 84

1.1 TITLE

1.2 NAME

1.3 STREET

1.4 CITY-ST

2.1 TITLE

22 NAME

2.3 STREET

2. 4 CITY-S

3.3 STREET 3.4. CITY-S

4.1 TITLE

4.2 NAME

4.3 \$TREET

4.4 CITY-ST

5.4 CITY-ST

61 TITLE

6.2 NAME

5.1 TITLE 5.2 NAME 5.3 STREET

3.1 TITLE 3.2 NAME

30

## DOCUMENT # P97000099380

Country

9. Name and Address of Current Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

OFFICERS AND DIRECTORS

Signature, typed or printed name of registered agent and title if applicable

25

LESTER M JOHNSON

SARASOTA FL 34242

450 BEACH RD #2

LESTER M JOHNSON

450 BEACH RD #2 SARASOTA FL 34242

CAY DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

2940 SOUTH TAMIAMI TRAIL SARASOTA FL 34239

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

12.

TITLE

NAME

NAME

TITLE

TITLE

NAME

TITLE

TITLE

NAME

2940 SOUTH TAMIAMI TRAIL

SARASOTA FL 34239

2a. Mailing Address

City & State

Suite, Apt, #, etc.

DELETE

☐ DELETE

DELETE

DELETE

☐ DELETE

□ DELETE

26

27

28

Zip

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

02-11-1999 90035 017 \*\*\*150.00



	DO NOT WRI	1 1 1 1 1 1 1 1 1 1		
ļ	3. Date Incorporated or Qualifed			
	11/21/1997		Ta shed Sor	┨.
	4. FEI Number		Applied For	┨ :
	59-3482390		Not Applicable	-  -
		П	\$8.75 Additional	
	5. Certificate of Status Desired	<u> </u>	Fee Required	4
	6. Election Campaign Financing		\$5.00 May Be	1
	Trust Fund Contribution		Added to Fees	4
	This corporation owes the cur	rrent vear Ir	ntangible	ļ
	8. This corporation owes the cult Personal Property Tax.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Yes   ☑No	4
	10. Name and Address of New	Registered	d Agent	4
	10. Name and Address			1
me				1
eet Addr	ess (P.O. Box Number is Not Accep	otable)	3	Ţ
		3.4 4.	11 107 13 10 4 12 18 35 170	
			To Code	4
		<del></del>	85 Zip Code	1
ty		<u></u>	L in its registered	ㅓ
med corr	oration submits this statement for the	he purpose	of changing its registered	' \
corporati	oration submits this statement for the one of the oration of the o	cebi fire abi	Jointinoite and the	- 1
			_	1
		DATE		
nature requir	ad when reinstating)  ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTORS IN 12	
			☐ Change ☐ Addi	tion
ļ	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	` •	HOLL STORE OF	-
1		•		
DRESS			12 00 B. 产品。	
ļ			12 00 B. 产品。	lition
DRESS			☐ Change ☐ Add	lition
ļ			12 00 B. 产品。	lition
iP .			12 00 B. 产品。	lition
DDRESS			Change □ Add	
iP .			12 00 B. 产品。	
DDRESS			Change □ Add	
DDRESS			☐ Change ☐ Add	dition
DDRESS	i		☐ Change ☐ Add	dition
DDRESS	i		☐ Change ☐ Add	dition
DDRESS DDRESS	i i		Change □ Add	dition
DDRESS DDRESS			☐ Change ☐ Add	dition
P DDRESS ZIP DDRESS ZIP			☐ Change ☐ Add	dition
DDRESS ZIP			☐ Change ☐ Add	dition
P DDRESS ZIP DDRESS ZIP			☐ Change ☐ Add	dition
DDRESS ZIP			☐ Change ☐ Add	dition
P DDRESS ZIP DDRESS ZIP DDRESS ZIP			☐ Change ☐ Add	dition
DDRESS ZIP			☐ Change ☐ Add ☐ Change ☐ Add ☐ Change ☐ Add ☐ Change ☐ Add	ddition
DDRESS ZIP  DDRESS ZIP  DDRESS ZIP			☐ Change ☐ Add ☐ Change ☐ Add ☐ Change ☐ Add ☐ Change ☐ Add	ddition
DDRESS ZIP  DDRESS ZIP  DDRESS ZIP			☐ Change ☐ Add ☐ Change ☐ Add ☐ Change ☐ Add ☐ Change ☐ Add	ddition
DDRESS ZIP  DDRESS ZIP  DDRESS ZIP			☐ Change ☐ Add ☐ Change ☐ Add ☐ Change ☐ Add ☐ Change ☐ Add	ddition
DDRESS ZIP  DDRESS ZIP  DDRESS ZIP			☐ Change ☐ Add ☐ Change ☐ Add ☐ Change ☐ Add ☐ Change ☐ Add	dition
DDRESS ZIP  DDRESS ZIP  DDRESS ZIP  DDRESS ZIP	in Section 119.07(3)(i), Florida Sta		Change Add	dditio

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this annual report or supplemental annual report is true and accurate and that officer or director of the corporation or the receiver or trustee employeered to execute this re

SIGNATURE:

SIGNATURE AND TYPED OR PRINTER MAME OF SIGNING OFFICER OR DIRECTO

72 m. Johnson 1-25-99 941-346-312