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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 23, 1999 8:00 am Secretary of State

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JOE FISHER & DA	ughters, inc.		(+00) +10 (0)+1 (00)+1 00)+1 40)() 00(0) 1(0); PS(0)	8 911

JOE FIS	HER & DAUGHTERS, INC.					
Principal Plac	e of Business	Mailing Address				11811 8811 (821
P.O. BOX 361 KEY WEST FL	22041_0261	P.O. BOX 361 KEY WEST FL 33041-0361			,	
NEI WEST FL	33041-0301	AET WEST TE 30041-0001		DO NOT WRITE	IN THIS SPACE	
		•		3. Date Incorporated or Qualifed		
	•			12/12/1997		
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	A	oplied For
21 7/1	EISENHOURE DR	26		65-0792435	, No	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	11 ++	Additional
22 DOOTH	<u> </u>	27	·	J. Controlle of Clarke Double	Fee Re	equired .
City & Stat	e	City & State		6. Election Campaign Financing		May Be
23 KE9	WRST	28		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	This corporation owes the current		red
24 3301		29	30	Personal Property Tax.	Yes	No
	9. Name and Address of Curren	t Registered Agent	04 11	10. Name and Address of New Re	gisterea Agent	
LA/AT	ERS, GERARD W		81 Name G	ERARD WATERS		
	STAPLES AVENUE			Iress (P.O. Box Number is Not Acceptab	ile)	
	WEST FL: 33040		171	5 UNITED ST.		
VEI	WEST FE 33040		83			
			84 City		85 Zig	Code OYO
	•			EYWEST_		
office or r agent. I a	to the provisions of Sections 607.050, registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was a	utnorized by the corporati	poration submits this statement for the p ion's board of directors. I hereby accept	urpose of changing its the appointment as re	s registered egistered
office or r agent. I a SIGNATURE	egistered agent, or both, in the State im familiar with, and accept the obligation of the state	of Florida. Such change was a tions of, Section 607.0505, Flo	utnorized by the corporati	red when reinstating)	DATE	
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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 supplimental 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 of 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

REDIRED INTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #