**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800001847

1. Corporation Name

SOUTH SHORES OF THE KEYS, INC.

Principal Place of Business

CITY-ST-ZIP

Mailing Address

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90138 019 \*\*\*150.00



181 SOUTH OCEAN SHORES DRIVE KEY LARGO FL 33037  181 SOUTH OCEAN SHORES LARGO FL 33037			es drive		DO NOT WRITE IN THIS	SPACE			
_	·				3. Date incorporated or Qualifed 01/08/1998				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	1	
21 870C		26			65-0804942		Not Applicable	1	
Suite, Apt.	#, etc. /	Suite, Apt. #, etc.			5. Certifcate of Status Desired		5 Additional Required		
City & Stat	AMOCADA FL	City & State			6. Election Campaign Financing  Trust Fund Contribution		00 May Be ed.to_Fees	_	
Zip 24) 33 C	Country	Zip 3	Country		This corporation owes the current year In Personal Property Tax.	tangible □Yes_	□No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		]	
			81	Name					
GREGG, MARK H 99101 OVERSEAS HIGHWAY				Street Add	ddress (P.O. Box Number is Not Acceptable)				
KEY	LARGO FL 33037		83					1	
			84	City	FL	85 Z	Zip Code	1	
office or r	egistered agent, or both, in the State of	Florida, Such change was auth	horized by	the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing	its registered registered	-	
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	la Statutes	•					
SIGNATURE	Signature, typed or printed name of registered agent a		egistered Agen	nt signature require	ad when reinstating) DATE			٤	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A			1 5	
TITLE	D	☐ DELETE	1,1 TITLE			Chan	ge Addition	3	
NAME *	VRIELYNCK, PAUL G		1.2 NAME					3	
STREET ADDRESS	181 SOUTH OCEAN SHORES DI	RIVE	1.3 STREET	ADDRESS				Ì	
CITY-ST-ZIP	KEY LARGO FL 33037	r	1.4 CITY-S	T-ZIP		Chad	Addition	ને ફે	
TITLE	D	☐ DELETE	2.1 TITLE			☐ Chan	ige	`	
NAME	VRIELYNCK, JACQUELINE	No. 400	2.2 NAME	1					
STREET ADORESS	181 SOUTH OCEAN SHORES DI	RIVE	2.3 STREET					1	
CITY-ST-ZIP	KEY LARGO FL 33037		2. 4 CITY-S	T-ZIP			no 🗆 Addition	-	
TITLE	t in the second of	☐ DELETE	3.1 TITLE	_ ].	Λ 5 <del>-</del>	Chan	ge Addition	Ì	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	1					
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		CT Chan	an DAddition	4	
TITLE		☐ DELETE	4.1 TITLE		•	Chan	ge Addition		
NAME	·		4.2 NAME	\				1	
STREET ADDRESS			4.3 STREET	ļ					
CITY-ST-ZIP			4.4 CITY-S	T- ZIP			- 110	-	
TITLE		☐ DELETE	5.1 TITLE			. Chan	ge		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	'n					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				1	
TITLE		☐ DELETE	6.1 TITLE			Chan	ge	1	
NAME	·		6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS				1	

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE