PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90230 038 ***150.00

	1999	· · · · · · · · · · · · · · · · · · ·	DIVISION OF CO	ORPORATIONS			
Corporation	Name	3000002	991				
LORI KA	12, ING.					PILL BOULD 14879 (17418	10(1) (11) (11)
Principal Place	of Business	Maili	ng Address	<u>-</u>	I (1904) SPORT (UN) TO THE COLOR OF THE	AFIL MAIND LISTA EDSIN	(408))401 5001
1514 4TH STRE			4TH STREET				
KEY WEST FL			NEST FL 33040		DO NOT WRITE IN T	LIS SOACE	
					3. Date Incorporated or Qualifed	HIS SPACE	
(•		01/12/1998		
2 Principal Di	ace of Business		failing Address		4. FEI Number	Ap	plied For
21	ace of positions	28			59-3486885	No	t Applicable
Suite, Apt.	#, etc.		uite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27			S. Considered of States Doores	Fee Re	`
City & State	9	ļ <u>-</u>	City & State		6. Election Campaign Financing	\$5.00° Added t	
23		28	d	Country	Trust Fund Contribution 8. This corporation owes the current year		
Zip	Country	29	ip	¬	Personal Property Tax.		□No
24]	9. Name and Address			<u> </u>	10. Name and Address of New Register	ed Agent	
<u> </u>				81 Name			
	z, Lori			82 Street Add	tress (P.O. Box Number is Not Acceptable)		
	4TH STREET						
KEY	WEST FL 33040			83			1
				84 City		85 Zip C	ode
					All wheels this state and for the purpose	of changing its	cocistered
11. Pursuant	to the provisions of Section egistered agent, or both, in	ns 607.0502 and 607 the State of Florida	.1508, Florida Statutes Such change was auti	, the above-named cor horized by the corporat	poration submits this statement for the purposion's board of directors. I hereby accept the ap	pointment as re	gistered
agent. I ai	m familiar with, and accept	the obligations of, S	ection 607.0505, Florid	la Statutes.			
DICHIATUDE			. L. — 10 _ —	الحصر صلاحات	2/	9 <i>199</i>	J
SIGNATURE	Tory car	Lori Ka	rtz rce	Sident	od when reinstating) DATE	17 71	
12.	Signature, typed or printed name of OFF	Lori Ka	STZ Pre	SIDENT	<u>5/`</u>	AND DIRECTO	
		Lori Ko	STZ Pre	SIGENT	od when reinstating) DATE	17 71	
12.	OFF	Lori Ko	TORS POE	Sident spetarid Agent signature requir	od when reinstating) DATE	AND DIRECTO	
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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; thet 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.

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SIGNATURE AND TYPED OR PRINTING NAME OF S	Lori Kata
SIGNATURE AND TYPED OR PRINTED NAME OF S	GNING OFFICEA OR DIRECTOR

19/99

305)296-8269