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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9800007764

Zip Country
28
City & State
27
Suite, Apt. #, etc.
2a. Mailing Address
20819 6TH AVENUE WEST SUMMERLAND KEY FL 33042
Maifing Address

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90111 015 ***150.00



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Principal Place of Business Mailing Address												
20819 6TH AVENUE WEST 20819 6TH AVENUE WEST												
SUMMERLAND KEY FL 33042 SUMMERLAND KEY FL 33042			42				DO NOT WRITE IN THIS SPACE					
							-		HIS SP	.CE		
							3.	Date incorporated or Qualifed 01/26/1998			1	
							1_			T 1 4		
2. Principal Pl	lace of Business	2a.	Mailing Address				4.	FEI Number			pplied For	
21		26						65 - 081 0996			ot Applicable	
Suite, Apt.	#, etc.	L	Suite, Apt. #, etc.				5.	. Certifcate of Status Desired	\$		Additional	
22		27					1				equired	
City & State	е	\perp	City & State				6.	Election Campaign Financing			May Be	
23		28					<u> </u>	Trust Fund Contribution	·····	Added	to Fees	
Zip	Country		Zip	Cour	itry		8.	. This corporation owes the current year			SIA.	
24	25	29		30				Personal Property Tax.		Yes	№ No	
	9. Name and Address of Current	Regis	tered Agent		 T		10.	. Name and Address of New Register	red Age	<u> IT</u>		
моп	ICE LEICHTON C				81	Name						
MORSE, LEIGHTON G					82	Street Addre	ess (F	P.O. Box Number is Not Acceptable)				
444 WHITEHEAD STREET												
KEY	WEST FL 33040				83							
				-	84	City			le.	5 Zip	Code	
				1	0-4	City			FLI			
office or re	egistered agent, or both, in the State of	of Florid	ia. Such change was a	uthorized	by 1	the corporation	ratio	on submits this statement for the purpos loard of directors. I hereby accept the a	e of char ppointme	nging its int as re	registered egistered	
agent. I ai	m familiar with, and accept the obligati	ions of,	Section 607.0505, Flo	rida Statu	tes.	•						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
	Signature, typed or printed name of registered agent		````````````````		gen	t signature required		ADDITIONS/CHANGES TO OFFICER		DECT	7PS IN 12	
12.	P OFFICERS AND	ם אום כ	DELETE	13. 1.1 TIT				ADDITIONS/ONANGES TO OTT TOEK		Change	Addition	
TITLE	•		DECETE								}	
NAME	PETERS, EDWARD S			1.2 NA]	
STREET ADDRESS					1.3 STREET ADDRESS							
CITY-ST-ZIP	SUMMERLAND KEY FL 33042			1.4 CIT		r-2!P				Change	Addition	
TITLE	V		☐ DELETE	2.1 TIT	Æ					Change	. Addition	
NAME	WHITTINGTON, KENNETH A			2.2 NA	ME							
STREET ADDRESS	20819 6TH AVE. WEST			2.3 STF	REET	ADDRESS					l	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042			2. 4 CF	TY-5	T-ZIP	-					
TITLE	ST		☐ DELETE	3.1 TIT	E					Change	☐ Addition	
NAME	Guarnieri, Fred J			3.2 NA	ME							
STREET ADDRESS	20819 6TH AVE. WEST			3.3 STI	REET	ADDRESS						
CITY-ST-ZIP	SUMMERLAND KEY FL 33042			3.4. CiT	Y-5	T-ZIP						
TITLE			☐ DELETE	4.1 TIT	E					Change	☐ Addition	
NAME				4. 2 NA	ME							
STREET ADDRESS				4.3 STI	REET	ADDRESS					İ	
CITY-ST-ZIP				4.4 CIT	Y-\$1	r-ZIP						
TITLE			☐ DELETE	5.1 TIT	_					Change	☐ Addition	
NAME	1			5.2 NA	ME							
STREET ADDRESS				5.3 ST	REET	ADDRESS		•			j	
CITY-ST-ZIP				5.4 CIT	Y-S1	r-ZIP					1	
TITLE			☐ DELETE	6.1 TIT						Change	Addition	
				6.2 NA	ΜE				_	-	l	
NAME						ADORESS					İ	
STREET ADDRESS				0.531							í	

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 a attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF