

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90146 020 \*\*\*150.00

**PROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000008401**

1. Corporation Name  
**PASSAGES, INC.**



Principal Place of Business  
**428 137TH AVE. CIRCLE  
 MADEIRA BEACH FL 33708**

Mailing Address  
**428 137TH AVE. CIRCLE  
 MADEIRA BEACH FL 33708**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/26/1998**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For  
☐ Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing  
 Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23. Zip Country

28. Zip Country

8. This corporation owes the current year Intangible  
 Personal Property Tax. ☐ Yes ☒ No

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICHARD, JEFFREY  
 428 137TH AVE. CIRCLE  
 MADEIRA BEACH FL 33708**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **Vice President / Treasurer** ☐ DELETE  
 NAME **JEFFREY P. RICHARD**  
 STREET ADDRESS **428 137TH AVE CIRCLE**  
 CITY-STATE-ZIP **MADEIRA BEACH, FL 33708**

1.1 TITLE ☐ Change ☐ Addition

TITLE **PRESIDENT** ☐ DELETE  
 NAME **ROXANNE FIXSEN**  
 STREET ADDRESS **10921 CHEROKEE DR.**  
 CITY-STATE-ZIP **MADEIRA BEACH, FL 33708**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-99**

**379-0776**

Date

Telephone #

CR2E034 (11/98)