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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT #

21

24

Corporation Name

May 17, 1999 8:00 am Secretary of State 05-17-1999 90063 047 ***150.00

DO NOT WRITE IN THIS SPACE

DELINAY BEACHFE 30198	9.9 (FIXALE) 13492		3. Date Incorporated or Junited Of Section 1.	Applied For
2. Principal Place of Business '	2a. Mailing Address		4. FEI Number 65 68/0	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Ostantry		ountry	This corporation owes the current year Personal Property Tax.	L. Yes UNING
24 25	29 30 30		10. Name and Address of New Register	ed Agent
9. Hame and Addr. 3s of Cur	rrent Registered Agent	81 Name		
SEYMOUR, KATHLEEN	COURT BALLONCO	82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
DELDAY BEACH FL 38488	141 nign dioge Ro	83	·	
LA	NTANA FL 33462	84 City		EL 85 Zip Code
		1 1	the statement for the ourness	e of channing its registered

11. Pursuant to the provisions of Sections 607.0502 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, from familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

		istered Agent signature requ	virud when reinstating)	DATE	
SIGNATURE Sign	native (void of printed name of rapp rains again this		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 12
12.	OFFICERS AND DIRECTORS	13.		☐ Change	Addition
	DP DELETE	1.1 TITLE	a		
	YONICH DARRAGE	1.2 NAME			
STREET ADDREST	7481 HIGH \$1095	RESS			
-	LANGUATE 93	TP-ST-ZIP		☐ Change	Addition
	☐ DELETE	2.1 TITLE			
TITLE		22 NAME			
NAME		2.3 STREET ADDRESS			
STREET ADDRES : -		2.4 CITY-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP		3.1 TITLE		□ oumida	٠
TITLE	. —	32 NAME			
NAME	·	3.3 STREET ADDRESS			
STREET ADDRESS		34, CITY-ST-ZIP		- Chance	[] Addition
CITY-ST-ZIP		4.1 TITLE		Change	LJ Manion
TITLE	,	4,2 NAME			
NAME		4.3 STREET ADDRESS	1		
STREET ADDS IS		4.4 CITY-ST-ZIP	·		
CITY-ST-ZIP	DELETE	5.1 TITLE		Change	C Addition
TITLE	,	5.2 NAME	1		
NAME		5.3 STREET ADDRESS			
STREET ADD SS		5.4 CITY-ST-ZIP			
CITY ST-ZII	DELETE	6.1 TITLE		☐ Change	
ım		6.2 NAME			
NAL 6	41 mg	6.3 STREET ADDRESS			
STREET ADDRESS		M		·	
CITY-ST-ZIP	the state of the s	he exemption state	d in Section 119.07(3)(i), Florida Statutes.	I further certify that the	information

es not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informaliation is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in orditions, with all one like among used. 14. I hereby certify that the information supplied indicated on this annual report or supplier officer or director of the corporation of the Block 12 or Block 13 if changed, or on a part of the corporation of the supplier

SIGHATURE: