Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90021 014 ***150.00

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 #	P98000019290
1 Cornoration Name	1 00000010E00

Principal Place of Business	Mailing Address		
1719 LAIRD STREET KEY WEST FL 33040	1719 LAIRD STREET KEY WEST FL 33040		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualifed 02/27/1998
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26		65-0816043 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
22	27		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Intangible
24 25	29 30)	Personal Property Tax.
9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
OTTO, ROBERT G 1719 LAIRD STREET			Iress (P.O. Box Number is Not Acceptable)
KEY WEST FL 33040		83	
		84 City	FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State or agent. I am familiar with, and accept the obligations.	f Florida. Such change was auth	onzed by the corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of registered agent		gistered Agent signature require	ed when reinstating) DATE
12. OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	☐ DELETE		ST Change Addition
NAME			M Robert G. OTTO
STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	TIG LAND ST. W
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ey WIT, FI 330 40
TITLE	☐ DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	15 100
STREET ADDRESS		2.3 STREET ADDRESS	719 Laird ST. F(33040
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	Change Addition
TITLE	☐ DELETÉ	3.1 TITLE	Criarge 1 Accident
NAME		3.2 NAME	•
STREET ADDRESS			
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE	□ DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	☐ DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP shat qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an mproved to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with all other like empowered. I hereby certify that the information indicated on this annual report of the corporation. filing do nation supplied Block 12 or Block 13 if

5.1 TITLE

52 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ OELETE

DELETE

Kobert C.

305 296 5330

☐ Change

Change

☐ Addition

☐ Addition