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

FILED Mar 03, 1999 8:00 am **Secretary of State**

03-03-1999 90003 001 ***150.00

DOCUMENT # P98000020246

Corporation Name

City & State

KEY WEST FL 33042

Zíp

H, INC.	ING WAD MAUVELING DESCAUC		
Principal Place of Business	Mailing Address		
781 SUGARLOAF BOULEVARD SUGARLOAF KEY FL 33 042	781 SUGARLOAF BOULEVARD SUGARLOAF KEY FL 33042		
2. Principal Place of Business	2a. Mailing Address		
Oute Ant Harto	Suite Ant # etc		

27

28

City & State

Country Zip 25 29 9. Name and Address of Current Registered Agent FINE, ROBERTA S 818 WHITE STREET

DO NOT WRITE IN THIS SPA
Date Incorporated or Qualifed

03/02/1998 Applied For Not Applicable

\$8,75 Additional 5. Certifcate of Status Desired Fee Required

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

This corporation owes the current year Intangible Yes Personal Property Tax.

Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 82 83 85 Zip Code 84 City

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

30

nAcm. in	in failing this, and doopt no being a tone on a section.					4
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature regul	red when reinstating) DATE		
40	Signature, typed or printed name or registered agent and rule if applicative. OFFICERS AND DIRECTORS	(AC/Z. Re	egistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12. TITLE		DELETE	1.1 TITLE		Change	☐ Addition
NAME	TODISCO, GIOVANNA		1.2 NAME			ļ
	TAL ALICADI CAE BOULETADD		1.3 STREET ADDRESS		•	ĺ
STREET ADDRESS	SUGARLOAF KEY FL 33042		1.4 CITY-ST-ZIP			1
CITY-ST-ZIP		DELETE	2.1 TITLE		☐ Change	Addition
TITLE]	2.2 NAME			(
NAME			i i		•	J
STREET ADDRESS			2.3 STREET ADDRESS			}
CITY-ST-ZIP	<u></u>		2. 4 CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Acquicon
NAME			3.2 NAME			{
STREET ADDRESS			3.3 STREET ADDRESS	~~.		
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	51 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	☐ Addition (
NAME			6.2 NAME			}
STREET ADDRESS			6.3 STREET ADDRESS]
			64 CITY-ST-ZIP			ĺ

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: