PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90049 032 ***150.00

DOCUMEN	NT#	P9800	000	2793	33

	NINDS OF BAY COUNTY, IN	IC.	1,	•			
Principal Place	of Business	Malling Address					
11001 FRONT E	BEACH ROAD BEACH FL 32407	11001 FRONT BEACH ROAD PANAMA CITY BEACH FL 33					
TABAMA OFF	DC701112 32701				DO NOT-WRITE-IN-TH	IIS SPACE	هلاميسه . پاتين ا
					3. Date incorporated or Qualifed 03/24/1998		1
2 Orientani Di	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number	And	olied For
	Front Beach Road	26			59-3503751	 	Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.				\$8.75 A	dditional
22	,	27		-	5. Certificate of Status Desired	Fee Re	quired
City & State	8	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Count	ry	This corporation owes the current year Personal Property Tax.		□No {
24	9. Name and Address of Current		301		10. Name and Address of New Registers		
·	S. Halite and Addition of Contain	Trogramme Agent	8	1 Name			
	ESLING, JOHN L SR.		8	2 Street Add	iress (P.O. Box Number is Not Acceptable)	<u> </u>	
)1 Front Beach Road Ama City Beach Fl 32407		ã				
			Ľ	<u> </u>		·	
				4 City	F	L 85 Zip C	j
	agiatered again, or pour, at the child-		unorizea o	y the corporat	ion a positi or orrectors, i neignly accept the ap-	pomonern ao ret	Jistorou
agent. I al	m familiar with, and accept the obligation	ons of, Section 607,0305, Fibri	UM SIMILUR	33.	poration' submits: this statement for the purpose ion's board of directors. I hereby accept the ap-		
agent. I al	m raminar with, and accept the congati	and the # applicable. (NOTE: F	Registered Ag	eni signature requir		AND DIRECTO	
agent, I al	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	Registered Ag	ent signature requir	ed when reinstating) DATE		
signature	Signature, typed or printed name of registered agent OFFICERS AND O GHEESLING, JOHN L SR.	and the # applicable. (NOTE: F	Registered Ag 13. 1.1 TITLE	eni signature requir	ed when reinstating) DATE	AND DIRECTO	
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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 6 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP