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

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90043 050 ***150.00

| DOCUMENT # | P980000427 | 79 |
|---------------------|--------------|-----|
| 1. Corporation Name | . CCCCCC ILI | . • |

BETH MONE OF MARCO ISLAND, INC.

| Principal | Place | of B | usine |
|------------|-------|------|-------|
| *** AAIT | | - | |

Mailing Address

| 777 LANTANA ROAD LANTANA FL 33462 | 777 LANTANA ROAD LANTANA FL 33462 | | DO NOT WRITE IN THIS SPACE | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--|--|--|
| | | | | | | |
| | | | 3. Date incorporated or Qualifed | | | |
| | | | 05/11/1998 | | | |
| Principal Place of Business | 2a. Mailing Address | | 4. FEI Number Applied For | | | |
| 21 /35 S, BARFIELD DA | CIVE 26 135 S. BARFIE | LD DRIVE | 65-0840571 26 25 04 Not Applicable | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | | |
| 22 | 27 | | | | | |
| City & State 73 MARCO ISTANS FLORIO | A City & State A 74 RLO ISLAND, | -FLORISA | 6. Election Campaign Financing \$5:00 May Be Trust Fund Contribution Added to Fees | | | |
| Zip 7 1.11 Country | 2ip 2is 1/15 | Country SA | 8. This corporation owes the current year Intangible Personal Property Tax. | | | |
| <u> </u> | | | 10. Name and Address of New Registered Agent | | | |
| 9. Name and Address of Cu | ment Registered Agent | 81 Name | | | | |
| COHAN, DOLLY | | | HUGUETTE TURLER | | | |
| 777 LANTANA ROAD | | 82 Street Address (P.O. Box Number is Not Acceptable) BETH MONE OF MARCO ISLAND, Inc. | | | | |
| | | | | | | |
| WAYNE M. LEVINE LAW OFFICE LANTANA FL 33462 | | 83 135 S. BARFIELS DRIVE | | | | |
| | | 84 City | ALO ISLAND FL 85 Zip God 145 | | | |
| 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 | | | | | | |
| office or registered agent of both in the S | tate of Florida. Such change was allinon | izeo ov me corbutado | on's board of directors. I hereby accept the appointment as registered | | | |
| agent. I am familiar witty and accept the obligations of, Section 607.0505, Florida Statutes. #UGUETTE TURLER 1/21/99 | | | | | | |
| SIGNATURE Signature, typed or pointed name of registered | d agent and title if applicable. (NOTE: Regist | tered Agent signature required | | | | |
| | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE D | ☐ DELETE 1 | .1 TITLE | HUGUETTE, P.UPS, T. D Change Addition | | | |
| NAME TURLER, HUGUETTE | ·] 1 | 2 NAME 7 | RETH MONE OF HARCO ISLAND, INC. | | | |
| STREET ADDRESS 777 LANTANA ROAD | 1 | | ST S. BARFIELD DRIVE | | | |
| CITY-ST-ZIP LANTANA FL 33462 | . 1 | | | | | |
| TITLE | DELETE 2 | 1.1 TITLE // | ANCO ISCAND, FL. 34145 Change Addition | | | |
| NAME | 2 | .2 NAME | | | | |
| STREET ADDRESS | 2 | 3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | . 4 CITY-ST-ZIP | | | | |
| TOTE | □ DELETE 3 | L1 TITLE | ☐ Change ☐ Addition | | | |

STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-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.

32 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

DELETE

3 3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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Change

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