

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

99MAR-8 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000055082

1. Corporation Name
LITTLE TORCH KEY CORP.

Principal Place of Business
2976 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415

Mailing Address
2976 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/19/1998

4. FLE Number: 65-0845579 Applied For: Not Applicable

5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required

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

8. This corporation owes the current year's Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip Country

9. Name and Address of Current Registered Agent

AMERLAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Applicable)

83.

84. City

FL

85. Zip Code

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

SIGNATURE

Signature of type or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE: ☐ DELETE
NAME: SOEL, ERIC
STREET ADDRESS: 2976 SOUTH MILITARY TRAIL
CITY-ST-ZIP: WEST PALM BEACH FL 33415

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE: ☐ Change ☐ Addition
12. NAME:
13. STREET ADDRESS:
14. CITY-ST-ZIP:

21. TITLE: ☐ Change ☐ Addition
22. NAME:
23. STREET ADDRESS:
24. CITY-ST-ZIP:

31. TITLE: ☐ Change ☐ Addition
32. NAME:
33. STREET ADDRESS:
34. CITY-ST-ZIP:

41. TITLE: ☐ Change ☒ Addition
42. NAME:
43. STREET ADDRESS:
44. CITY-ST-ZIP:

51. TITLE: ☐ Change ☐ Addition
52. NAME:
53. STREET ADDRESS:
54. CITY-ST-ZIP:

61. TITLE: ☐ Change ☐ Addition
62. NAME:
63. STREET ADDRESS:
64. 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.

SIGNATURE: Eric Soel President 1-699 561-964-860P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR