O NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. NT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION NNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

CUMENT #

1999

P98000072715 \

NTUCKET SOUND, CORP.

•			
Place of Business	Mailing Address	_	
Federal Highway 20a Aton Fl 33431	4800 N. FEDERAL HIGHWAY SUITE 200A BOCA RATON FL 33431		

FILED Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90012 023 ***558.75



EDERAL HIGHWAY A SUITE 200A ON FL 33431 BOCA RATON FL 33431					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1998					
Plac	e of Business Linton BLVD.	2a. Mailing Address 26 100 E. Lin	ton B	LVD.	4. FEI Numb				plied For t Applicable	1
Suita Ant # atc			135 A		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
LRAY BEACH, FL 28 DELRAY			BEAC	H, FL	1 '	ampaign Financing I Contribution		\$5.00 Added to		
18:		Zip 33483	Countr 30	ับร	Intangible	ration owes the curre Personal Property.			No	
	9. Name and Address of Current I	Registered Agent				Address of New Re				4
A(#1 1 1/	Me popert in		8	Name R	OBERT	WILLIA	ams,	JR	•	İ
Williams, Robert Jr. 1800 n. Federal Highway			82	Street Addre	ss (P.O. Box Nu	mber is Not Acceptate	ole)			
	200A		8:	50	ITE 1	35 A				ļ
OCA RATON FL 33431			84		LRAY		FL	85 Zip C	483	
or reg , I am RE	the provisions of sections 607.0502 a pistered agent, or both, in the State of familiar with, and accept the obligation	f Florida. Such change was ons of, section 607.0505, I	s authorized b Florida Statute	e-named corporation the corporation is. Agent signature requires	n's board of direc	ctors. I nereby accept	the appoint	iment as reg	pistered pistered	
519	nature, typed or printed name of registered agent a OFFICERS AND		13.	rigotii sigiialdio requi		/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12	(5/90)
11			1.1 TITLE					Change	Addition	
		15 JR.	A 1.2 NAME							R2F034
ss (1.3 STREE	TADDRESS						L L
7	DELRAY BEACH, FL	. 33483	1.4 CITY-5	iT-ZIP		<u> </u>				٦ ۾
		DELETE	2.1 TITLE	İ			L	Change	Addition	
			2.2 NAME	ļ						}
ss			2.3 STREE	T ADDRESS						
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			I	3.2 NAME 3.3 STREET ADDRESS						
SS										
		- December	3.4 CITY-S	11-2112		-		Change	Addition	†
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SS			l l	T ADDRESS						
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_	,	DELETE	6.1 TITLE					Change	Addition	
		_	6.2 NAME							1
ss			6.3 STREET ADDRESS							
			6.4 CITY-S							1
y certi	fy that the information supplied with the	nis filing does not qualify for named report is true and acc	the exemption	n stated in section to the state of the stat	on 119.07(3)(i), i shall have the sa	Florida Statutes, I furti me legal effect as if n	ner certify th nade under	at the inform oath; that I	nation am	

by certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(1), Florida Statutes. I further certify that the information ated 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 filter 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 book 12 or Block 13 if changed, or on an attachment with an address.

LATURE KOLOTNICH LAMP

22 July 199

561-266-0595