FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000075772

Principal Place of Business

WINDOW TO THE WORLD OF THE EMERALD COAST, INC.

| 525 N. EGLIN PI FT. WALTON BO | | 525 N. EGLIN PKWY FT. WALTON BCH FL 32547 | | | | | | | | | | |
|--|-----------------------------|--|---------------------|--------|----------------------------------|--|-------------------------------|----------------------------|----------------------------|-------------------------|-------------------------|------------|
| TI. WALTON BO | 11 T L 32347 | 71. WALTON BOTT | L 3234. | | | (| | DO NOT W | /RITE IN T | HIS SPAC |)E | |
| | | | | | | l l | Incorporate 1/1998 | ed or Qualif | ed | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Addre | ss | | | 4. FEI 1 | Number | | | | Apr | ol ed For |
| 21 | | 26 | | | | 5 | 9-3 | 3530 | 247 | 8 | Not | Applicable |
| Suite, Art. | #, etc. | Suite, Apt. #, e | etc. | _ | | | | t a Canina | | | 3.75 A | dditional |
| 22 | | 27 | | | | o. Centr | cate of Sta | itus Desired | ı 🗀 _ | | Fee Red | uired |
| City & State | | City & State | | | | 6. Elect | ior Campa | ign Financii | ng 🗆 | \$ | 5.00 | Vay Be |
| 23 | | 28 | | | | Trust | F and Con | tribution | | | Added to | Fees |
| Zip | Coun ry Zip C | | | ntry | | 8. This | co poration | owes the o | orrent year | | | |
| 24 | 25 29 30 | | | | Person at Property Tax. Yes []No | | | | | | | LJNo |
| | 9. Name and Address | of Current Registered Agent | | | | 10. Nam | e and Add | ress of Ne | w Register | re I Agen | <u>t</u> | |
| CII DE | EATH CHCAN I | | 1 | 81 | Name | | | | | | | |
| Gilreath, Susan J 525 N. Eglin Pkwy | | | | | Street Ad | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| FT. W | VALTON BCH FL 3254 | 7 | ļ | 83 | | | | | | | | |
| : | | | | 84 | City | | | | | 85 | Zip C | ode |
| 1 | | | | | - | | | | - | -∟∣ | | |
| office or re | egistered agent, or both, i | ns 607.0502 and 607.1508, Florid n the State of Florida. Such chang it the obligations of, Section 607.0 | e was authorized | by th | named cone ne corpor | orporation subration's board o | nits this sta f cirectors. | itement for I hereby ac | the purpose cept the ap | e of chang oppintmer | jing its i it as reg | istered |
| SIGNATURE | | | | | | | _ | | DATE | | | |
| 12. | | registered agent and title if applicable. | (NOT : Registered / | Agent | signature req | | | NGES TO | | | RECTO | S IN 12 |
| TITLE | | DE | | 15 | h | rector | | | | | Change | Addition |
| NAME | | | 1.2 NA | | - | Sucara | City | ملامم | | | | |
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| TITLE | | □ DE | | | | , | <u> 1. O1 .</u> | | - | | Change | Addition |
| NAME | | | 2.2 NA | ME | | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS . | | | | | | | |
| CITY-ST-ZIP | | | 2. 4 CF | TY-ST- | ZIP | | | | | | | 1 |
| TITLE | · | □ DE | | | - | | | | | | Change | Addition |
| NAME | | | 32 NA | ME | J | | | | | | | |
| STREET ADOR: SS | | | 3.3 STI | REETA | UDDRESS . | | | | | | | |
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| NAME | | | 4. 2 NA | ME | - | | | | | | |) |
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| TITLE | | □ DE | LETE 6.1 TIT | 1.E | | | | | | | Change | ☐ Addition |
| NAME | | | 6.2 NA | ME | | | | | | | | |

14. I here by 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 signa ure 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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90055 030 ***150.00