0

AMOUNT D	WE ON OR BEFORE 09/15/99: \$550 (IF DIS	SOLVED, MINIMUM AMOUNT DL	JE TO REINSTATE: \$750).	¬ FILED	
	PROFIT	 (2)	ARTHENT OF STATE		
	RPORATION (CAR) UAL REPORT	**************************************	rine Harris tary of State	99 SEP 30 AM 9: 49	
	1999	9.7	CORPORATIONS	/ SECRETARY OF STATE	
DOCUMENT # P98000077498 DOCUMENT # P98000077498 SECRETARY OF STATE NALLAHASSEE, FLORIDA					
	INTURES, INC.		/	`	
100.45	ationes, inc.			à 180 MAZO (180 MAGO) (180) TOUR BOUND DE MAGO (180) TOUR BOUND DE MAGO (180) TOUR SAID (180) AND (180) AN)
# 11 m					
Principal Place of Business Mailing Address 457 DROST DR. 457 DROST DRIVE			•	1	/9\
CUDJOE KEY FL 33042 CUDJOE KEY FL 33042				9/20/99 90005017 \$550	w
				3. Date incorporated or Qualified	٦
2. Principal I	Place of Business	2n. Malling Address		09/08/1998 4. EEI Number Applied For	
21		26 Mailing Address		6.5-086-2359 Applied For Not Applicable	•
Suite, Apt	t.#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Regulard	
City & Ste	Né	City & State		6. Election Campaign Financing \$5.00 May 8e	-
23 Zip	Country	28 Zip	Country	Trust Fund Contribution Added to Fees	_
24	25	29	30	8. This corporation owes the current year Intengible Personal Property. Yes No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	-} i
MADEO, KEVIN				ess (P.O. Box Number is Not Acceptable)	_
1209 PETRONIA ST. KEY WEST FL 33040			83	12	_ _
					_ !
			84 City	FL 85 Zip Code	
11. Pursuani office or	t to the provisions of sections 607,0502 registered agent, or both, in the State of	and 607.1508, Florida Statute I Florida. Such change was e	s, the above-named corpo suthorized by the corporati	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
agent Li SiGNATURE	em ternilar with, and accept the obligat	ions of, section 607.0505, Fk	ona Statutes.	-	
12.	Signature, typed or printed name of registered agent : OFFICERS AND		OTE: Registered Agent eigneture required.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	- g; =
TITLE	D	DELETE	1.1 TITLE	Change Addition	(66/5) ;
NAME STREET ADORESS	Madeo, Kevin 1209 Petronia St.		1.2 NAME 1.3 STREET ADDRESS		100 E
XTY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP		CRZE034
TITLE	D Webster, Elizabeth A	DELETE	21 TITLE 22 NAME	Change Addition	
NAME STREET ADDRESS	1209 PETRONIA ST.		2.2 NAME 2.3 STREET ADORESS		=
CITY-ST-Z#	KEY WEST FL 33040		24 CITY-ST-ZIP		
TITLE NAME	D Oliver, Neal W Jr	DELETE	3.1 TITLE 3.2 NAME	Change Addition	=
STREET ADDRESS	477 DROST DR.		31 STREET ADDRESS] =
CITY-S)-ZIP TITLE	CUDJOE KEY FL 33042	- Incient	3.4 CITYST-2P		
NAME		L_J DELETE	42 NAME	L_J Change L_j Addition	-
STHEE! ADDRESS			4.3 STREET ADORESS		_
DITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Trans.	┤
AME	_		5.2 NAME	Change Addition	_
TREET ADDRESS	•		5 3 STREET ADORESS		_
ITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition	∤ ≣
AME		B	6 2 NAME	Fin was fig. The broken.	=
TREET ADDRESS			6.3 STREET ADDRESS		
ITY-ST-ZIP	rify that the information supplied with th	is filing does not qualify for the	e exemption stated in secti	on 119.07(3)(i), Floride Statutes. I further certify that the information	∮ ≘
an officer o	in this annual raport or supplemental an or director of the corporation or the recei t or Block 13 if changed, or on an attach	nual report is true and accura- iver or trustee empowered to great with an address.	ete and that my signature i execute this report as requ	on 119.07(3)(i), Fioride Statutes. I further certify that the information that have the same legal effect as if made under oath, that I am sired by Chapter 807, Florida Statutes; and that my name appears	
	Construction of the construction of the construction	William Eddless.		500	≡.
SIGNAT	BIGNATUM AND TYPED OR PI	UNITED HAME OF SIGHING OFFICER	OR DIRECTOR	7.14-9 745-9812	=.

