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**

DOCUMENT # P98000080689

1. Corporation Name

COMPAGE INC. OF THE ELOPIDA KEVS

Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90184 035 ***150.00

COMPAS					
Principal Place	e of Business	Mailing Address		T INTERIOR TO THE PARTY OF THE	
23093 WAHOO	LANE	23093 WAHOO-LANE			
CUDJOE KEY F	EL 33042	-CUDJOE KEY FL 33042		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	_
				09/17/1998	
2 Principal P	lace of Business	2a. Mailing Address		1 A - 11-	d For
21 72-81	ShrinnpRd	26 PO Box 4	20853	650869528010212 Not Ap	pplicable
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.		\$8.75 Add	itional
22		27	يدسي د سود	5. Certificate of Status Desired Fee Requi	red
City & Stat	te (,	City & State	16 51	6. Election Campaign Financing \$5.00 Ma	у Ве
23 Key	West FL	28 Summerlan	d Rey . The	Trust Fund Contribution Added to F	ees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24 330	40 25 USA	29 53042_	30 05/4	Personal Property Tax.	No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent	
	1		81 Name		
	DMAN, ROBERT B		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	EN & GOLDMAN, P.A.				
	FLEMING STREET		83	·	
KEY	WEST FL 33040		84 City	85 Zip Cod	e
				rporation submits this statement for the purpose of changing its reg	
SIGNATURE	Signatury wheel or printed fame of registered ager	nt and title if applicable. (OTE:	Registered Agent signature requi	as vice Trestorm 4/12/9 ured when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	L IN 12
TITLE	D President	☐ DÉLETE	1.1 TITLE		Addition
NAME	SCARINCIO, MARK		12 NAME		
STREET ADDRESS	ALOUE OVEROTES CHOURSES		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERLAND KEY FL 33042		: 1.4 CITY-ST-ZIP		
TITLE	vice President	DELETE	2.1 TTLE	☐ Change	Addition
NAME	Earnham Chri	A A	2.2 NAME		
STREET ADDRESS		time (2.3 STREET ADDRESS		
_C/TY-ST-ZIP	21882 Highline	7-33028	2_4 C/TY-ST-Z/P		
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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 alternment with an address, with all other like empowered.

SIGNATURE