

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 # P98000084176

1. Corporation Name

ISLAMORADA SPA AND WELLNESS CENTER, INC.

Principal Place of Business

88005 OVERSEAS HIGHWAY  
SUITE 10180  
ISLAMORADA FL 33036

Mailing Address

88005 OVERSEAS HIGHWAY  
SUITE 10180  
ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1998

4. FEI Number

65-0880923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

21 80925 OVERSEAS HIGHWAY

Suite, Apt. #, etc.

22 UNIT #1

City & State

23 ISLAMORADA, FL

Zip

24 33036

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

GARRETT, DEBRA L  
197 NAUTILUS DRIVE  
ISLAMORADA FL 33036-4205

10. Name and Address of New Registered Agent

81 Name

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GARRETT, DAVID A  
STREET ADDRESS 197 NAUTILUS DRIVE  
CITY-ST-ZIP ISLAMORADA FL 33036-4205

TITLE D ☐ DELETE

NAME GAY, KEITH L  
STREET ADDRESS 197 NAUTILUS DRIVE  
CITY-ST-ZIP ISLAMORADA FL 33036-4205

TITLE D ☐ DELETE

NAME GARRETT, DEBRA L  
STREET ADDRESS 197 NAUTILUS DRIVE  
CITY-ST-ZIP ISLAMORADA FL 33036-4205

TITLE D ☐ DELETE

NAME GAY, ANN G  
STREET ADDRESS 197 NAUTILUS DRIVE  
CITY-ST-ZIP ISLAMORADA FL 33036-4205

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

#4 Thirteenth Street  
Tybee Island, GA 31328

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

#4 Thirteenth Street  
Tybee Island, GA 31328

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

DAVID A GARRETT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

Date

(305) 664-3843

Daytime Phone #

CR2E034 (11/98)

0150291

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90013 007 \*\*\*150.00

