PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000092596

1. Corporation Name

Y.S.Y. OXYGEN, INC.

Jun 22, 1999 8:00 am Secretary of State

06-22-1999 90001 017 ***550.00

									l							
Principal Place	e of Business			Mailing Addre	ess					1 (891(89)	il a is iai iäili aai)(80)() 90 ()		***	:8:10 0	
10900 FRONT BEACH ROAD 10900 FRONT BEACH ROAD																
PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407)7									
										DO NOT WRITE IN 3. Date Incorporated or Qualifed			THIS S	PACE		
										11/02/199		ted				
2. Principal P	tace of Business		2	a. Mailing A	ddress					4. FEI Number	- 100	<u>م . م</u>			Applied I	For
21	·		26							L:59-3	5560	(12			Not App	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of	Status Desire	d 🗆			Additio	
22 27.									-		·				Required	 i
├ ─, '					y & State					6. Election Cam		ing 🗆			0 May 6	
Zip Country				Zip Country						Trust Fund Contribution Added to Fees						
			-	29 30						8. This corporation owes the current year Intangible Personal Property Tax.						
24	9 Name 25	d Address of Cu				<u>3U </u>				10. Name and A		w Regis				
	3. Name and	Address of Oth	TIGHT NOG	istered Age			81	Name		10. 10.				g		
KIEŁ	IN, ROLAND V	V ESQ.													_	
220 MCKENZIE AVENUE							82	Street	Addres	ss (P.O. Box Numb	er is Not Acc	eptable)				
PAN	AMA CITY FL	32401				ļ	83									
,										_			_			
•							84	City		-			FL	85 Zij	Code	
44 Dumumt	to the provisions	of Sections 607	0502 and	607 1508 F	lorida Statute	e the st	hove	named	l corpor	ation submits this	statement for	the num		[hanging	its regist	ered
office or o	registered agent.	or both, in the St	tate of Floa	rida. Such ch	iange was au	thorized	l by i	he corp	oration	's board of director	s. I hereby a	ccept the	appoint	ment as	register	ed
agent. I a	m familiar with, a	and accept the ob	oligations of	of, Section 60	07.0505, Flori	da Statu	ıtes.									· [
SIGNATURE		inted name of registered		to if applicable	(NOTE:	Panistored	Acont	wicenture	roquired u	hen reinstating)			ATÉ			_*
12.	Signature, typec or pr	OFFICERS			(1401E.	13.	∠Agiii	Signature	18quileu n	ADDITIONS/C	HANGES TO			DIREC	TORS IN	112
TITLE					DELETE	1.1 707	lE.		P/	/VP/S/T				Change		Addition
NAME						1.2 NA	ME		S	amaryahou	Perez)
STREET ADDRESS								ADDRESS	1 7	ll W Lesli	e Lane					}
CITY-ST-ZIP						1.4 CIT				anama City	Beach,	Fl.	324	107		
TITLE					DELETE	2.1 TIT			1		~			☐ Change	e 🗆	Addition
NAME						2.2 NA	MF									
STREET ADDRESS								ADDRESS								ļ
CITY-ST-ZIP	نسحب					2.4 CI									<u> </u>	
TITLE					DELETE	3.1 TIT		1-2-11	 				-	Change	e 🔲	Addition
NAME						3.2 NA	ME									: {
STREET ADDRESS								ADDRESS	:							- , }
CITY-ST-ZIP						3.4. CI										
TITLE					DELETE	4.1 TIT			·					Change	e 🗆	Addition
NAME						4. 2 NA			İ							, į
STREET ADDRESS								ADDRESS								
CITY-ST-ZIP						4.4 CII										· \
TITLE					DELETE	5.1 TIT		- 4.11	 	, ,			•	Change	e 🗆	Addition
NAME	Į			_		5.2 NA								· ·	_	
STREET ADDRESS						1		ADDRESS)
						5.4 C/I										ĺ
CITY-ST-ZIP	 				DELETE	6.1 Tet			 					Change	e []	Addition
NAME				_		6.2 NA			-					•	_	ĺ
Í :								ADDRESS								. [
STREET ADDRESS			Λ			64 CII										

14. I hereby certify that the information supplied vitit 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 of 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 of the repeyer of 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 changes con an attachment with an address, with all other like empowered.

SIGNATURE:

ure required