PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

CITY ST. ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE --



DOCUMENT # P98000094750

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90027 001 ***150.00

NO REGRETS, INC.					1 / B			BII() anu ivai
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Principal Place of Business	Mailing Address			_	I (14 1500) ISO 50101 IDEN CONT.	MIII MAISI RESID II	MIII BYEST I PAGO I	Biller metri 1887
291 FRONT STREET SUITE 15 KEY WEST FL 33040	291 FRONT STREET SUITE	15			•	_	_	
						ITE IN THIS	SPACE	
•					Date Incorporated or Qualifed 11/09/1998	,		
2. Principal Place of Business	2a. Mailing Address			1	FEI Number		Apr	olied For
21	26				05.088355	4	Not	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 A	
City & State	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip Country Zip Cour			try		8. This corporation owes the current year Intangible			
24 25 25	29 3	مصنحا و	بالخشا فلينسب		Personal Property Tax:			No
9. Name and Address of Curre	nt Registered Agent		al a	10.	Name and Address of New	Registered A	gent	
CADI CON HODY		- 1,	Name					}
Carlson, Jody 291 Front Street Suite 15		ļī.	2 Street Add	ress (P.	O. Box Number is Not Accept	able)		
		L						
MEN MERT EL ABOAD								
KEY WEST FL 33040			33					
KEY WEST FL 33040		L	33 34 City			FL	85 Zip C	ode
	02 and 607.1508, Florida Statutes, of Florida, Such change was auti alions of, Section 607.0505, Florid	1	34 City	poration lon's bo	submits this statement for the	FL purpose of capt the appoin	11	
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations of the control of	n Jody Carls	, the abordized la Statut	Ove-named corporaties.	במישא	<i>‡</i>	purpose of capt the appoin	11	
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CITY-ST-ZIP 14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.

3.4. CHY-ST: ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY- ST-ZIP

5.1 TITLE

52 NAME

6 t TITLE

62 NAME

4.1.TTLE. 4. 2 NAME

□ DELETE

DELETE

DELETE

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Addition

Addition

Addition

Change

Change

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