Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90201 035 ***150.00

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

i. Corporatio	Principal Place of Business 2a. Mailing Address 2b. Mailing Address Suite, Apt. #, etc. City & State DESTIN FL 32541 2a. Mailing Address 2b. Suite, Apt. #, etc. City & State							
Principal Plac	e of Business	Mailing Address						
3234 BAY ESTATES DRIVE 3234 BAY ESTATES DRIVE						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
	= -~					11/09/1998		
Principal Place of Business 2a. Mailing A			ress			4. FEI Number Applied For		
21	DAME	26				59-3541160 Not Applica		
						5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & Stat						6. Election Campaign Financing \$5.00 May Be		
23	28					Trust Fund Contribution Added to Fees		
Zip	Country	h		ountry	<i>(</i>	8. This corporation owes the current year Intangible Personal Property Tax.		
24	25	29	30	_		Personal Property Tax. Yes No 10. Name and Address of New Registered Agent		
	9. Name and Address of Cui	rrent Registered Agent		81	Name			
CAD	ENHEAD, CHRIS			L				
420 EAST PINE AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)				
CRESTVIEW FL 32539				83				
				84	1	FL 85 Zip Code		
	to the provisions of Sections 607.1 egistered agent, or both, in the Sta m familier with, and accept the ob	0502 and 607.1508, Florida State of Florida. Such change wa ligations of, Section 607.0505,	atutes, the s authorize Florida Sta	abov ed by atutes	e-named of the corpo	d corporation submits this statement for the purpose of changing its registere poration's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed frame of legistered	egent and title if applicable. (N	OTE: Register	ed Age	nt signature re	required when reinstating) DATE		
12.	OFFICERS	AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1	TITLE		Change Add		
NAME	HALL, DON		1.2	NAME		·		
STREET ADDRESS	3234 BAY ESTATES DRIVE		1.3	STREE	TADDRESS			
CITY-ST-ZIP	DESTIN FL 32541			CITY-S	T-ZIP	☐ Change ☐ Add		
TITLE	STV	☐ DELETE		TITLE	1	□ Change □ Add		
NAME	WOLF, ANGELA 3234 BAY ESTATES DRIVE			NAME				
STREET ADORESS	DESTIN FL 32541				TADORESS			
CITY-ST-ZIP	DESTIN FL 32341	☐ DELETE		CITY-S	ST-ZIP	☐ Change ☐ Addi		
TITLE		- DELETE		NAME		3		
NAME STREET ADDRESS			1		T ADDRESS			
				CITY-S				
CITY-ST-ZIP TITLE		DELETE		TITLE	<u></u>	☐ Change ☐ Add		
NAME				NAME				
STREET ADDRESS			4.3	STREE	TADORESS			
CITY-ST-ZIP			4.4	CITY-S	IT- ZIP			
TITLE		☐ DELETE	5.1	TITLE		☐ Change ☐ Add		

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 yustee 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.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

☐ Addition