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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000095793

1. Corporation Name

ROOM WITH A VIEW, INC.

Principal Place	e of Business	Mailing Address		\$ 1001100; 110 1010; 10111 BAIN BOIN BOIN	,	
12830 JERNIGAN AVENUE P.O. BOX 46 CEDAR KEY FL 32625 CEDAR KEY FL 32625			*			
				DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed		ļ
2 Deireinal D	Nose of Puninger	2a. Mailing Address		11/09/1998 4. FEI Number	Apr	lied For
2. Principal Place of Business 2a. Mailing Addres 21 22				59-3551517	<u> </u>	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 A	dditional
22		27		5. Certificate of Status Desired	Fee Rec	quired
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 N	-
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		No
24	9. Name and Address of Curren		80	Personal Property Tax. 10. Name and Address of New Registers		
-1 260	SEY, KATHRYN F D A S.R. 24 AR KEY FL		81 Name OULL 82 Street Addi 6052	Dey, Dathryn Jerss (F.O. Box Number is Not Acceptable)		
			84 env	May her the purpose poration subplies this statement for the purpose		
agent. I a	egisteria agent, or both, in the State of market with, and accept the obligated with a state of the state of	f Ousle	da Statutes. Registered Agent signature require	on's board of directors. I hereby accept the application of directors and the property of the	9/99_	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	ρ,s,D	DELETE	1.1 TITLE		Change	Addition
NAME	Sally L. Bever	acqui	1.2 NAME			
STREET ADDRESS	12830 gernegan	20115 20115	1,3 STREET ADDRESS			
CITY-ST-ZIP TITLE	T T	DELETE □	2.1 TITLE		☐ Change	Addition
NAME	Nothan 2 Can	104	2.2 NAME			ļ
STREET ADDRESS	6052 D	0	2.3 STREET ADDRESS			
CITY-ST-ZIP	Cedar Kerr Al.	32625	2. 4 CITY-ST-ZIP			
TITLE	8)	☐ DELETE	31 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 City-St-ZIP 5.1 TITLE		Change	Addition
TITLE		_ 55.2.72	5.2 NAME		_ ,	_
NAME STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: V

NAME

STREET ADDRESS

CITY-ST-ZIP