**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000097390

1. Corporation Name

SHAVERS LANE COTTAGES, INC.

Principal Place of Business   Mailing Address   Age   Safe HARRIS AVE   KEY WEST FL 33040   Safe HARRIS AVE   KEY WEST FL 33040   Safe HARRIS AVE   Safe H		<u> </u>								
DO NOT WRITE IN THIS SPACE	Principal Place	e of Business	Mailing Address		•					
2. Principal Place of Business 2. Adams Address 2. Principal Place of Business 2. Applied For Lift 19/1998 2. Principal Place of Business 2. Applied For Lift 19/1998 3. Certificate of Status Desired	1									
3. Date Incorporated or Qualified 11/19/1998 2. Principal Place of Business 2. Amailing Address 3. Between the Committee of Status and Status a	KEY WEST FL 33040 KEY WEST FL 33040					DO NOT WRITE IN THIS SPACE				
11/19/1998   2.	:									
2. Principal Place of Business   2a. Mailing Address   4. FEJ Jumber   Applied For   Not Applicable						•	•			
Suite, Apt. #, etc.   Scriticate of Status Desired   \$8.75 Additional Fee Required Fee R	2. Principal P	lace of Business	2a. Mailing Address				Ар	plied For		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   City & S	<b>├</b> , '					15-0876000.	No	t Applicable		
City & State   City			Suite, Apt. #, etc.	Suite, Apt. #, etc.		5 Cartificate of Status Desired				
City & State    City & State   City & City & State   City & State	22		27			Fee Required				
Zip   Country   Zip   Country   Zip   Country   S. This corporation were the current year intangible   Personal Property Tax.   Yes   No	City & State		City & State							
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name PROBERT, STEPHEN K 2816 HARRIS AVE. KEY WEST FL 33040  12. Street Address (P.O. Box Number is Not Acceptable)  13. Name 14. City  15. Street Address (P.O. Box Number is Not Acceptable)  16. Visit of the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bottly in the Stora of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and a step of the corporation's board of directors. I hereby accept the appointment as registered agent, and a step of the corporation's board of directors. I hereby accept the appointment as registered agent, and a step of the corporation's board of directors. I hereby accept the appointment as registered agent, and a step of the corporation's board of directors. I hereby accept the appointment as registered agent, and a step of the corporation's board of directors. I hereby accept the appointment as registered agent, and a step of the corporation's board of directors. I hereby accept the appointment as registered agent, and a step of the corporation's board of directors. I hereby accept the appointment as registered agent, and a step of the corporation's board of directors. I hereby accept the appointment as registered agent, and a step of the corporation's board of directors. I hereby accept the appointment as registered agent, and a step of the corporation's board of directors. I hereby accept the appointment as registered agent, and a step of the corporation's board of directors. I hereby accept the appointment as registered agent, and a step of the corporation's board of directors. I hereby accept the appointment as registered agent, and a step of the corporation's board of directors. I hereby accept the appointment as registered agent, and a step of the corporation's						Trust Fund Contribution		o Fees		
9. Name and Address of Current Registered Agent  PROBERT, STEPHEN K 2816 HARRIS AVE. KEY WEST FL 33040  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 bottly in the Stafa of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and address of New Registered Agent and City and Company of the Compan	<b>⊢</b>	· ·		n .		· 1		Resu_		
PROBERT, STEPHEN K 2816 HARRIS AVE. KEY WEST FL 33040  81	24		.l	<u> </u>				No		
PROBERT, STEPHEN K 2816 HARRIS AVE. KEY WEST FL 33040  82 Street Address (P.O. Box Number is Not Acceptable)  83 B2 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 Zip Code  86 City FL 86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip Cod		9. Name and Address of Current	Registered Agent	01	Name	10. Name and Address of New Registered	Agent			
2816 HARRIS AVE.  KEY WEST FL 33040  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 bottly in the Stafe of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I arm familiar with and acplerite obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, types or printed lagent and title if application.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PROBERT, STEPHEN K  12 NAME  PROBERT, STEPHEN K  13 STREET ADDRESS  CITY. 51-ZIP  TITLE  D Change Addition  HACITY-S1-ZIP  TITLE  D Change Addition  ACKEN ZIE, W. STEPHEN  P.O. BOX 1232 N/A  KEY WEST FL 33040  DELETE  3.1 TITLE  3.2 STREET ADDRESS  CITY. 51-ZIP  TITLE  D Change Addition  ACKEN ZIE, W. STEPHEN  P.O. BOX 1232 N/A  KEY WEST FL 33040  DELETE  3.1 TITLE  3.2 STREET ADDRESS  CITY. 51-ZIP  TITLE  D Change Addition  ACKEN ZIE, W. STEPHEN  P.O. BOX 1232 N/A  KEY WEST FL 33040  DELETE  3.1 TITLE  AL CITY. 51-ZIP  TITLE  Change Addition  AL CITY. 51-ZIP  TITLE  AL CITY. 51-ZIP  TITLE  AL CITY. 51-ZIP  Change Addition  AL CITY. 51-ZIP  TITLE  AL CITY. 51-ZIP  Change Addition  AL CITY. 51-ZIP  TITLE  AL CITY. 51-ZIP  Change Addition  AL CITY. 51-ZIP  TITLE  AL CITY. 51-ZIP  Change Addition  AL CITY. 51-ZIP  TITLE  AL CITY. 51-ZIP  TITLE  AL CITY. 51-ZIP  Change Addition  AL CITY. 51-ZIP	PRO	REDT STEPHEN K		81	Name					
REY WEST FL 33040   83   84   City	2816 HARRIS AVE.			82	82 Street Address (P.O. Box Number is Not Acceptable)					
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, I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature	MEN MEON EL ADOMO			92						
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 agent, or bottly 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	""	110111 00010		83						
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 agent. I am familiar with and active the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registanced agent and lite of applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D D DELETE 1.1 TITLE  PROBERT, STEPHEN K  STREET ADDRESS  CITY-ST-ZIP  MACKENZIE, W. STEPHEN  STREET ADDRESS  CITY-ST-ZIP  TITLE  D Addition  Addition  Addition  DELETE 2.1 TITLE  Change Addition  Addition  DELETE 3.1 TITLE  Change Addition  DELETE 3.1 TITLE  Change Addition  Addition  DELETE 3.1 TITLE  Change Addition  Addition  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  D DELETE 3.1 TITLE  Change Addition  Addition  Addition  Addition  AMME  AMME  AMME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LITTLE  Change Addition  Addition  Addition  Addition  Addition  AMME  AMME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LITTLE  Change Addition  Addition  Addition  Addition  Addition  Addition  AMME  AMME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LITTLE  Change Addition  Addition  Addition  Addition  Addition  AMME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LITTLE  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  AMME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND D				84	City		85 Zip (	Code		
SIGNATURE    Signature, typed or printed name of registared agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	2-2-1									
SIGNATURE    Signature, typed or printed name of registared agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both in the State of	and 607.1508, Florida Statutes, Florida. Such change was auth	the above orized by	e-named co the corpora	rporation submits this statement for the purpose of ition's board of directors. I hereby accept the appoi	changing its ntment as re	gistered		
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D D Change Addition  NAME PROBERT, STEPHEN K  STREET ADDRESS  2816 HARRIS AVE.  CITY-ST-ZIP  TITLE D Change Addition  1.2 NAME  1.3 STREET ADDRESS  2816 HARRIS AVE.  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  TITLE CHANGE  STREET ADDRESS  CITY-ST-ZIP  TITLE CHANGE  3.1 TITLE  3.1 TITLE  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  Addition  DELETE  3.1 TITLE  3.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.4 CITY-ST-ZIP  TITLE  Addition	agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.									
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CITY-ST-ZIP   KEY WEST FL 33040					T ADDDESS					
TITLE   D		VEV MECT EL COMO			- 1					
NAME         MACKENZIE, W. STEPHEN         22 NAME           STREET ADDRESS         P.O. BOX 1232 N/A*         2.9 STREET ADDRESS           CITY-ST-ZIP         KEY WEST FL 33040         2.4 CITY-ST-ZIP           TITLE         3.1 TITLE         Change         Addition           NAME         3.2 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME					1-21		Change	Addition		
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	STREET ADDRESS	,			TADDRESS					

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 any attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Ππ.E

NAME

☐ Change

☐ Change

☐ Addition

☐ Addition

Apr 26, 1999 8:00 am Secretary of State

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