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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000108190

BLUFKEYS & ASSOCIATES, INC.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90028 020 ***158.75

Principal Plac	e of Business	Mailing Address				11301101		111 90101 (18)1 0	# (#))
103400 Overseas hwy.ste.211 Key largo fl 33037		103400 Overseas hwy.ste.211 Key largo fl 33037								
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						l l	porated or Qualife	3		Į.
						12/31/19				F-45
	Place of Business	2a. Mailing Addre	ess			4. FEI Numb	: 088 77	9	— 	plied For t Applicable
21 Suite, Apt.	#rete	26 Suite, Apt. #;	etc			~~~ #3 #2 ~	200 7 7 7	1=-	\$8.75	
22	. II, 010.	27				5. Certifcate	of Status Desired	×	Fee Re	II.
City & Stat	te	City & State				6. Election C	ampaign Financing		\$5.00	May Be -
23	•	28					Contribution	' 🗆	Added t	o Fees
Zip	Country	Zip	<u></u>	Country		8. This corpo	ration owes the cu	rrent year In	tangible	
24	25 MOKROE	29	30	Mou	UROE	Personal I	roperty Tax.		Yes	ÑNo
	9. Name and Address of Curre	nt Registered Agent				10. Name an	Address of New	Registered	Agent	
				81	Name					
	ER, DAVID A			82	Street A	Address (P.O. Box Nu	mber is Not Accer	table)		
	00 OVERSEAS HWY,STE.211					`				
KEY	LARGO FL 33037			83	3					
				84	1 City				85 Zip (Code
					′			<u>FL</u>	- i l ` .	
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florid	da Statutes, i	the abov	e-named c	corporation submits the	is statement for th	e purpose of	f changing its	registered
oπice or i agent.,I a	registered agent, or both, in the State am familiar with, and accept the obliga	ations of, Section 607.0)505, Flori da	Statute:	s the corpor	S Board of dire				gistorou
					- ,					
SIGNATURE	DAVID H. BUT	LEN PRE	5.10	WH	half		Mrs.	4-19	599	
SIGNATURE	Signature, typed or printed name of registered age		(NOTE: Reg	W Age	hh /	equired when reinstating)	Mo.	DATE	599	
12.	OFFICERS AI	ND DIRECTORS	(NOTE: Re	13.	h h		S/CHANGES TO C	DATE FFICERS A		
12.	OFFICERS AI	ND DIRECTORS	5. <i>1(</i>	13.	h h		S/CHANGES TO C	DATE FFICERS A	ND DIRECTO	RS IN 12
12.	OFFICERS AID BORLAND, JOE F	ND DIRECTORS	(NOTE: Re	13. 1.1 TITLE 1.2 NAME	A A ant signature red		S/CHANGES TO C	DATE FFICERS A		
12.	OFFICERS AND D BORLAND, JOE F 103400 OVERSEAS HWY,STE.2	ND DIRECTORS	(NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature re		S/CHANGES TO C	DATE FFICERS A		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D BORLAND, JOE F 103400 OVERSEAS HWY,STE.2 KEY LARGO FL 33037	ND DIRECTORS	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5	ent signature re		S/CHANGES TO C	DATE FFICERS A	☐ Change	Addition
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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, on an attachment with an address, with all other like empowered.

DAVIDA · BUTLEN PAS

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-19-99 305-451-009