## FILED Apr 05, 2004 8:00 am Secretary of State

	ANNUAL	REPURI				1	04-05-2004 :	90015 02	24 ***150.0	00
1. Entity Nam	MENT # P99000029 uctures, INC.	328								
Principal Place of Business Mailing Address								5	40264	27
5970 PENINSULA AVE		PO BOX 2066 KEY WEST, FL 33045						U	*0°04	41
#3 Key West, Fi	L 33040 US	RET WEST, FE 33045				L (494)(494 (UC	1 <b>8</b> 00 <b>2 (10</b> 14) <b>124</b> 11) <b>121</b> 00 <b>1</b>	100 2000 010 <b>0</b>	(CHE O HALLE ALCE) (CO	il <b>ee</b> l ie l <b>e</b> el
Principal Place of Business     3		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03312004	Chg-P	CR2E	034 (10/03)	
City & State		City & State			4. FEI Number 65-0929			Applied For Not Applicable		
Zip	Country	Zip	Countr	ry		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6Name and Address of Current	Registered Agent -			وستعيب	-7:-Name and	Address of New	Registered	Agent	-رحضية
	NNETH L CHICA ROAD, #127 T, FL 33040		Street Address  Oity Park			(P.O. Box Number is Not Acceptable)  Proposition of the South Separate of the South Sepa				
8. The above	named entity submits this statement for	r the purpose of changing its	registere					Florida. I an	n familiar with.	and accept
	tions of registered agent.	15			•				31-0	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered	Agent signature	required v	when reinstating)		DATE	3/2	
FIL After M	/ E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campai Trust Fund Contr		cing		00 May Be d to Fees				
10.	OFFICERS AND	DIRECTORS	11,			ADDITIONS/	CHANGES TO O	FICERS AN	D DIRECTORS	3 IN 11
TITLE	P	☐ Delete	TITLE	1					Change	Addition
NAME	KARR, KENNETH L		NAME		<b>.</b>				, •	
STREET ADDRESS CITY-ST-ZIP	55 BOCA CHICA RD #127 KEY WEST, FL 33040		1	T ADDRESS ST-ZIP	710	19 LA	GOOM F	art.	4 27	tog
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CITY-ST-ZIP			CITY-	ST-ZIP						
12. I hereby indicated of the cor	certify that the information supplied with f on this report or supplemental report is rporation or the receiver or trustee emp , or on an attachment with an address.	n this filing does not qualify for s true and accurate and that n owered to execute this report	r the exen	nption stated ure shall hav ed by Chap	d in Sec ve the s ter 607,	ction 119.07(3)( ame legal effec Florida Statute	i), Florida Statute t as if made unde s; and that my na	s. I further c er oath; that ime appears	ertify that the ir I am an officer in Block 10 or	nformation or director r Block 11 if
changed	l, or on an attachment with 🎢 address,	other like empowered.	-						8.3	1170