FILE NOW: FI PROFIT CORPORATION ANNUAL REPOR 1999		FLORIDA DEPART Katherin Secretary DIVISION OF CO	MENT e Hari	OF STAT is	E	FILE Apr 30, 1999 Secretary 0 04-30-1999 90150 02	9 8:00 f Sta) am te
DOCUMENT # 1. Corporation Name BONEFISH BAY MOT								
Principal Place of Business Mailing Address							ULAIK ULBAL ULDI! I	INII NENEI INNI
12565 OVERSEASY HIGHWAY MARTHON FL 33050-3534 MARTHON FL 33050-3534						DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 11/26/1990	SPACE	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				65-0235677	<u> [Not</u> \$8.75 A	t Applicable
Suite, Apt. #, etc. 22	1	27				5. Certifcate of Status Desired	Fee Re	quired
City & State		City & State				6. Election Campaign Financing	\$5.00 Added to	
	Country	28]Zip	Cou	ntry	<u> </u>	8. This corporation owes the current year In	tangible	
24 25 9 Name and	Address of Current Re		30			Personal Property Tax. 10, Name and Address of New Registered		<u>No</u>
office or registered agent, a agent. I am familiar with, a	or both in the State of Fl	d 607.1508, Florida Statute: lorida. Such change was au s of, Section 607.0505, Flori	Inorized	by the co	ed corpo rporation	FL pration submits this statement for the purpose on's board of directors. I hereby accept the appo	f changing its	registered
SIGNATURE Signature, typed or pre	nted name of registered agent and	title if applicable. (NOTE: I	<u> </u>	Agent signati	re required	when reinstating) DATE		
12. TITLE DP	OFFICERS AND D		13 . 1.1 Π	7 F		ADDITIONS/CHANGES TO OFFICERS A	DIRECTO	Addition
NAME JONES, GER STREET ADDRESS 12565 OVER			1.2 N/		SS			
CITY-ST-ZIP MARATHON	FL			TY-ST-ZIP			Change	Addition
TITLE D NAME JONES, JAM STREET ADDRESS 12565 OVER			2.1 Π 2.2 N 2.3 S1		ss		,	
CITY-ST-ZIP MARATHON	FL		2.4C	TY-\$T-ZIP			Change	Addition
	•		3.2 N∕		· ·	• • • • • •	- -	
STREET ADDRESS				REET ADORE	ss			
	•		3.4. C	TY-ST-ZIP ILE	+		Change	Addition
NAME	• .		4, 2 N					
STREET ADDRESS			4.3 ST	REET ADDRE	ss			
CITY-ST-ZIP	·		4,4 CI	TY-ST-ZIP		·	Change	Addition
NAME			5.2 N/					
STREET ADDRESS				REET ADDRE	6S			
CITY-ST-ZIP			5.4 CI 6.1 TI	TY-ST-ZIP ILE			Change	Addition
TITLE			6.2 N					
STREET ADDRESS			6.3 ST	REET ADDRE	ss			
CITY-ST-ZIP	<u> </u>			TY-ST-ZIP			utify that the "	formation
indicated on this annual re officer or director of the co	port or supplemental and rporation or the receiver inged, or on an attachme		ate and ecute ti other lik	that my s his report a e empowe	grature as requir ered.	ection 119.07(3)(i), Florida Statutes. I further or shall have the same legal effect as if made uni- ed by Chapter 607, Florida Statutes; and that i	ny name appe	ars in

SIGN	ATU	RE:

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13 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATIVE AND TYPED OR PRINTED NAME OF SCHUND OFFICER OR DIRECTOR	4/28/99	305-289-0565
SIGNATIRE AND TYPED OR PRINTED NAME OF SIGNAR OFFICER OR DIRECTOR	Date	Daytime Phone #