CR2E034 (11/98)

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Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90022 029 \*\*\*158.75

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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # S16985** 1. Corporation Name

ALTAMONTE BAY HOLDINGS, INC.

Principal Place of Business Mailing Address							1	• 10	MITME IN STATE BUTTE COLOR ST	,	,1811 8181		11 B1811 41411 1841	
C/O MICHAEL R. LANG C/O MICHAEL R. LANG									•					
1860 OLD OKEECHOBEE ROAD #508 1860 OLD OKEECHOBEE ROA								DO NOT WRITE IN THIS SPACE						
WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409					)			3 Date Incorporated or Qualifed						
							3							
									/1990				Applied For	
2. Principal Place of Business			2a. Mailing Address				4	FEI Nur					Not Applicable	
21		26	26					65-02	30931					
Suite, Apt.	#, etc.	$\vdash$	Suite, Apt. #, etc.				5	5. Certificate of Status Desired See Requir						
22		27				···-								
City & State	e	<u> </u>	City & State				6	Election Campaign Financing Trust Fund Contribution				•	O May Be d to Fees	
23		28	·· <b>_</b> .		4		<del></del>						d to rees	
Zip Country Zip			Zıp	Country				8. This corporation owes the current year Intangible						
24 25 29				30				Tersonal Troperty Tuxi						
9. Name and Address of Current Registered Agent					81	10. Name and Address of New Registered Agent								
					0'	Name								
LANG, MICHAEL R,					82	Street	Address (	ess (P.O. Box Number is Not Acceptable)						
1860 OLD OKEECHOBEE ROAD					02									
#508					83									
WEST PALM BEACH FL 33409				84	City		85 Zip Code							
						<u> </u>					<u>FL</u>	<u> </u>		
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florid	ta. Such change was a	autnonze	עס ם	the come	corporation oration's b	n submit oard of d	s this statement for the lirectors. I hereby acce	purpos pt the a	se of clappoint	nanging ment as	its registered registered	
SIGNATURE														
CICITATIONE	Signature, typed or printed name of registered					nt signature i	required when			DAT	· -			
12.	OFFICERS	AND DIRE		13.			Τ.	ADDITIC	ONS/CHANGES TO OF	-FICER				
TRTLE	PD		☐ DELETE	1.1 1			S/T					☐ Chang	E Myddiaeu	
NAME	LANG, MICHAEL R.		1.2 N	1.2 NAME R		Ruth	Ε.	Cook						
STREET ADDRESS	EET ADDRESS 1860 OLD OKEECHOBEE ROAD			1.3 \$	1.3 STREET ADDRESS .		1860	old	Okeechobe	e R	≀d #	<i>‡</i> 508		
CITY-ST-ZIP WEST PALM BEACH FL			1.4 C	1.4 CITY-ST-ZIP		West	Pal	m Beach, F	<u>-</u>	334	109	T A Later on		
TITLE	ST ØDELETE			2.1 T	2.1 ΠΤLE						_	∐ Chang	e Addition	
NAME	LAMBERT, CAROL A.			2.2 N	AME									
STREET ADDRESS 1860 OLD OKEECHOBEE ROAD			2.3 S	2.3 STREET ADDRESS										
CITY-ST-ZIP	WEST PALM BEACH FL			2.40	CITY-S	ST-ZIP								
TITLE			- ⊡-DELETE	3.1 T	MLE		-					Chang	e Addition	
NAME	, —			3.2 N	AME									
STREET ANDRESS	``			3.3 \$	TREE	T ADDRESS								

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

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

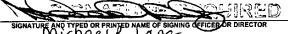
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561-684-2927