03-17-1999 90147 017 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # \$17058

1. Corporation	NEN # \$17058				
SOUTH	STREET STATION, INC.				
!					
Principal Place	e of Business	Mailing Address			AIBIT ATATA ASATA ASATA ATATA
1330 SIMONTO	N ST	1330 SIMONTON ST			
KEY WEST FL	33040	KEY WEST FL 33040		DO NOT WOITE IN THE	C CDACE
us		US		DO NOT WRITE IN THI  3. Date Incorporated or Qualifed	S SPACE
				12/07/1990	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0239359	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt, #, etc		5. Certificate of Status Desired	\$8.75-Additional
22		27		3. Controlle of Outros Besires	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23				Trust Fund Contribution	Added to Fees
Zip	. Country	Zip	Country	8. This corporation owes the current year	ntangiblø
24	9. Name and Address of Current	<u> </u>	30	Personal Property Tax.  10. Name and Address of New Registere	
	4. Name and Address of Current	. registered Agent	81 Name	id. Manie and Ma	
ROSASCO, MARK A				(2.2. )	
1330 SIMONTON ST			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
KEY WEST FL 33040			83		
			84 City		85 Zip Code
	· ·			F	L   '
office or r	agistered agent or both in the State (	of Florida. Such change was au	ithonzed by the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered ointment as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statutes.	,	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signature require	d when reinstating) DATE	<del></del>
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	VPS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROSASCO, MARK A		1.2 NAME		,
STREET ADDRESS	1231 SOUTH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		1.4 CITY-ST-ZIP		
TITLE	PT.	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME .	ROSASCO, PETER L	•	2.2 NAME		· ~.
STREET ADDRESS	6335 HWY C-30		2.3 STREET ADDRESS		, -2
CITY-ST-ZIP	PORT SAINT JOE FL 32456	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE	,	CT percie	3.2 NAME		
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS	<b>`</b>				
CITY-ST-ZIP TITLE	·	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐ Addition
NAME		_	4.2 NAME		
STREET ADDRESS	,		4.3 STREET ADDRESS		
CITY-ST-ZIP	· ·		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME	,		5.2 NAME		
STREET ADDRESS	·		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME :	<u>.</u>		6.2 NAME		

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

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

ROSASEO 305-298-1332 Base Daytime Phone # 16/9

CR2E034 (11/98)