02201999-90069-039-\$150.00-\$150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$558.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90069 039 \*\*\*150.00

DOCL	JMENT	# \$	174	19
	7141 P. 1 4 .	<i>"</i> 3	1/7	IJ

1. Corporation	MEN   # \$17419 OPERTIES, INC.				71 4101) BIOLI 4181 FIOLI 1881
					IL OLDTA BABAL BABAL BABAL (BO)
Principal Place	of Business	Mailing Address			•
49 SPADEFISH 1		49 SPADEFISH LN KEY LARGO FL 33037			
OCEAN REEF CL	UB	US		DO NOT WRITE IN THIS SPACE	
KEY LARGO FL	33037	50		3. Date incorporated or Qualifed	,
				11/27/1990	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		59-3042765	Not Applicable
21 Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional	
22	•	27			
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	\$	28		Trust Fund Contribution	
Zip	Country	- L	intry	This corporation owes the current year Inta     Personal Property Tax.	ngiole Yes No
24	25	29 30		10. Name and Address of New Registered A	
	9. Name and Address of Curren	i Registered Agent	81 Name	10. Italie Blu Publicas at Italia	
9104	LIC TOYCE ANN		-		<u> </u>
	LLS, JOYCE ANN		82 Street Add	iress (P.O. Box Number is Not Acceptable)	
	DAY INN DOCKSTORE		83		
99701 OVERSEAS HWY					
KEY LARGO FL 33037		84 City		85 Zip Code	
			1	in the thir statement for the current of the	changing its registered
11. Pursuant t	to the provisions of Sections 607.050	2 and 607,1508, Florida Statutes, the a of Florida. Such change was authorized	d by the corporat	poration submits this statement for the purpose of a lon's board of directors. I hereby accept the appoint	tment as registered
agent. I as	in familiar with, and accept the obliga	tions of, Section 607.0505, Florida Stat	tutes.		
SIGNATURE			o Agent signature reque	DATE DATE	
	Signature, typed or printed name of registered ages	ID DIRECTORS 13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
12.		DELETE 1.17	ine 5	Societa NU INGAIS	Change DAddition
TITLE	D HENDOLONG MAKES W		MALE	TOLO AND INGAILS	,
NAME	HENDRICKS, JAMES W.		TREET ADDRESS 9	19701 OVERS CAS \$160	he my
STREET ADDRESS	49 SPADEFISH LANE		TTY-ST-ZIP	cen haray the	33037
CITY-ST-ZIP	KEY LARGO FL	DELETE 2.1T			Change Addition
TITLE		_	AME	•	
NAME			STREET ADDRESS	<u>:</u>	
STREET ADDRESS			CITY: ST-ZIP	in the second se	
CITY-ST-ZIP			TTLE		☐ Change ☐ Addition
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NAME		· - · - · · · · · · · · · · · · ·	STREET ADDRESS		
STREET ADDRESS		· · ·	CITY-ST-ZIP		
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STREET ADDRESS	}		1		
CITY-ST-ZIP			OTTY-ST-ZIP		. Change Addition
nne			NAME		
NAME			STREET ADDRESS	•	
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			TITLE		☐ Change ☐ Addition

6.4 CITY-ST-ZIP 74. 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 thist 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. CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

451-4653