Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90035 025 ***150.00

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

1. Corporation	MENT # S71022 IZED DAVITS, INC.	2							
Principal Place	e of Business	Mailing Address				i isadieth itt idaet tidir anna	11010 1101 01011 01	711 BIBI: B:B:1 B:	.
88665 OVERSEAS HWY 88665 OVERSEAS HWY									
TAVERNIER FL		TAVERNIER FL 33070				بالمتحاضين والمتحاضين			
US		US ·					RITE IN THIS	SPACE	
	•	_				 Date Incorporated or Qualife 08/02/1991 	d 		
2. Principal Pl	ace of Business	2a. Mailing Address				4, FEI Number			lied For
21		26				- 65-02837 <u>88</u>			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 Ac	
22		27						Fee Req	
City & State	9	City & State				6. Election Campaign Financing	7 🗆	\$5.00 N	
23		28		-		Trust Fund Contribution		Added to	Fees
Zip	Country	Zip .	Countr	У		8. This corporation owes the cu	rrent year Inta		
24	25		30 ,			Personal Property Tax.	Demintend		□No
	9. Name and Address of Curre	nt Registered Agent	8-	1 Name		10. Name and Address of New	Registered A	rgent	
HAIG	HT DICHADD		"	Name	,				
HAIGHT, RICHARD			82	2 Street	Addres	s (P.O. Box Number is Not Accep	otable)		
114 LISBON COURT ISLAMORADA FL 33036									
ISLAMURADA PL 33U30			8:	'					
·			84	4 City			FL	85 Zip C	ode
agent. I a	to the provisions of Sections out, in the State egistered agent, or both, in the State m familiar with, and accept the oblig signature, typed or printed name of registered agents.	ations of, Section 607.0505, Flori	da Statute	S.		hen reinstating)	DATE	,	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO C	FFICERS AN	D DIBECTOR	
TITLE	PTS DELETE		1.1 TITLE	1.1 TITLE		_ کے	_	Change	Addition
NAME			1.2 NAME	1.2 NAME		IGHT, RICHAN	9		ļ
STREET ADDRESS	114 LISBON COURT		1.3 STRE			1 1 F A 1 5 (150) T	7700 /		
CITY-ST-ZIP	ISLAMORADA FL			1.4 CITY-ST-ZIP		WEINIER, FL	- 330	,20	
TITLE	☐ DELETE							☐ Change	Addition
NAME			2.2 NAME						
STREET ADDRESS	. Which company to the control of th		2.3 STRE	ET ADDRESS		and the contract property of the		* / _	
CITY-ST-ZIP				ST-ZIP					
TITLE	☐ DELETE		3.1 TITLE	3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME						l l
STREET ADDRESS	· :		3.3 STRE	ET ADDRESS	1	•			
CITY-ST-ZIP	•		3.4. CITY-	·ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4. 2 NAMI	Ē					
STREET ADDRESS			4.3 STRE	ET ADDRESS		-			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE	1	☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STRE	ET ADDRESS					
C/TY-ST-Z/P			5.4 CITY-	ST-ZIP			<u>. </u>		
TITLE		☐ DELETE	6.1 TITLE				·	Change	☐ Addition
MALE STATE	英語學是 176条		6.2 NAME						ĺ

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 address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

WINED ED NAME OF SIGNING OFFICER OR DIRECTOR

305 664 9600