

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 # V10615

1. Corporation Name

I.L.E. KEY CLUB, INC.

Principal Place of Business

6 B. FT. MYERS DR.
INDIAN LAKE ESTATES FL 33855
US

Mailing Address

P.O. BOX 7806
INDIAN LAKE ESTATES FL 33855
US

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90094 037 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1992

4. FEI Number

59-3106070

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

BUTLER, EMMETT
19 ALAMANDA DR
INDIAN LAKE ESTATES FL 33855

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME BUTLER, EMMETT
STREET ADDRESS 19 ALAMANDA DR
CITY-ST-ZIP INDIAN LAKE ESTATES FL 33855

TITLE VD ☐ DELETE

NAME AMBUEAL
STREET ADDRESS 4 VALENCIA DR
CITY-ST-ZIP INDIAN LAKE ESTATES FL 33855

TITLE TD ☐ DELETE

NAME OLIVER, RAYMOND
STREET ADDRESS 10 PALMETTO DR
CITY-ST-ZIP INDIAN LAKE ESTATES FL 33855

TITLE SD ☐ DELETE

NAME WOLF, JAMES
STREET ADDRESS 19 N LANTANA
CITY-ST-ZIP INDIAN LAKE ESTATES FL

TITLE D ☐ DELETE

NAME CAMERON, KENNETH
STREET ADDRESS 6 BANYAN DR
CITY-ST-ZIP INDIAN LAKE ESTATES FL 33855

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

PRESIDENT

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VICE-PRESIDENT

J. EDWARDS

914 HIBISCUS DRIVE

INDIAN LAKE ESTATES FL 33855

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. S. OLIVER

1-6-99

Date

941-692-2006

Daytime Phone #

CR2E034 (1/98)

0438615