03-04-1999 90119 035 \*\*\*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

## DOCUMENT # MO

<ol> <li>Corporation</li> </ol>	S AT THE QUAY, INC.	•					
Principal Place	of Business	Mailing Address			i imati atilit ilann titin attil etdit atal at	IR DIDEL DIDIR DIDIR D	
218 SARASOTA QUAY SARASOTA FL 34236 218 SARASOTA FL 34236					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 03/23/1992		
		1 0 84-10- Add			4. FEI Number	Applied	1 For
— ·	ace of Business	2a. Mailing Address		65-0325888	ļ <del>  ` ` ` ` </del>	plicable	
Suite, Apt.	# ata	Suite, Apt. #, etc.		\$8.75 Additional			
	#, <del>6</del> 16.	27			5. Certificate of Status Desired	Fee Require	
City & State	9	City & State			6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Added to Fe	
Zip	Country	Zip	Countr	у	8. This corporation owes the current year		.
24	25	29 30	<u> </u>		Personal Property Tax.	Yes D	10
	9. Name and Address of Curre	nt Registered Agent	8	1 Name	10. Name and Address of New Register	ea Agent	
CHR	ISTIANSEN & DEHNER, P.A.			Name			
700 SARASOTA QUAY			8	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		ĺ
SARASOTA FL 34236			8	3	<del></del>		
·				Ĭ <u> </u>			
			8	4 City		85 Zip Code	,
agent. I at SIGNATURE	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Florida	Statute	y the corporations.	on's board of directors. I hereby accept the ap		
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change ☐	Addition
NAME	OLSON, SUSAN 12N		1.2 NAME	:			.
STREET ADDRESS			1.3 STRE	ET ADDRESS			j
CITY-ST-ZIP .	SARASOTA FL 34236		1.4 CITY-	ST-ZIP			
TITLE	V DELETE 2.1T		2.1 TITLE			Change [	Addition
NAME :	SPRINGMAN, JOHN J		2.2 NAME				Į
STREET ADDRESS			2.3 STRE	ET ADDRESS			1
CITY-ST-ZIP			2. 4 CITY				3.4.00
TITLE			3 1 TITLE		, 2	⁻	Addition )
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4 CITY			Change [	Addition
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NAME			4. 2 NAM				
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CITY-\$T-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE			Change [	Addition
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NAME				ET ADDRESS		`	ļ
STREET ADDRESS			5.4 CITY-				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change [	Addition

6.4 CITY-ST-ZIP 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

NING OFFICER OR DIRECTOR