Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90065 048 ***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 # **V37079**

1. Corporation Name

FOUR SEASONS, INC.

1001101	Enconor ino.				ļ				
Principal Place	e of Business	Mailing Address				1881 Bales 1111 1884 8841 18			EN 91911 1981
100 INTERNATIONAL PKWY.		100 INTERNATIONAL PKWY.							
SUITE 122		SUITE 122				, DO NOT WE	TE IN THIS !	PDACE	
HEATHROW FL	32746	HEATHROW FL 32746			}	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed			
US		US							
		To Mailing Address				05/15/1992 4. FEI Number			olied For
2. Principal Pl	lace of Business	2a. Mailing Address							Applicable
21		Suite, Apt. #, etc.				59-3127717		\$8.75 A	
Suite, Apt.	#, etc.					5. Certifcate of Status Desired		Fee Re	
City & State	<u> </u>	City & State				C Flactice Compaign Financing		\$5.00	
	e	28				6. Election Campaign Financing Trust Fund Contribution		Added to	
23 Zip	Country	· Zip Country				8. This corporation owes the curr	ent vear Inta		
	25	29 30	-	,		Personal Property Tax.	om your ma		□No
24	9. Name and Address of Current		2		L	10. Name and Address of New I	Registered A	Agent	
			81	Name	е				
ARNETTE, GLENN III				1 0	4.4.4.4	(D.O. Day M. Johan in Not Accord	-bla\		
100	INTERNATIONAL PKWY. 122		82	Stree	et Addres	s (P.O. Box Number is Not Accept	able)		
HEATHROW FL 32746				3					
				↓				T1	
			84	City			FL	85 Zip C	,ade
11. Pursuant office or r agent. I a	to the provisions of Sections 607,0502 registered agent or both, in the state or im familiar with and accept one is less	of Florida. Such change was all to of, Seedic 1 3 07.0505, Florid	a Statute	the cons.	position	s board of directors. I hereby acc	ot the appoin	atment as rec	istered
	Signature, typed or printed name of registered agent		13.	ent signature	e required w	nen reinstating) ADDITIONS/CHANGES TO OF	· .	D DIRECTO	RS IN 12
12.	P OFFICERS ANI	DELETE DELETE	1.1 TITLE		1	ADDITIONS/OFFICE TO ST	, tolito / lit	☐ Change	Addition
TITLE	ARNETTE, GLENN III	<u> </u>	1.2 NAME						_
NAME	AND INTERNATIONAL BUREN AD	10		ET ADDRES					
STREET ADDRESS	HEATHROW FL 32746				~				
CITY-ST-ZIP	ST ST	☐ DELETE	1.4 CITY- 2.1 TITLE		_			Change	Addition
TITLE	-								
NAME	ARNETTE, SHANNON P. 100 INTERNATIONAL PKWY.		2.2 NAME						{
STREET ADDRESS				ET ADDRES	× .				,
CITY-ST-ZIP	HEATHROW FL 32746	□ DELETE	2. 4 CITY- 3.1 TITLE					Change	Addition
TITLE	1	- 055516			-				— · · · · · · · · · · ·
NAME			3.2 NAME		<u>, </u>				
STREET ADDRESS				ET ADDRES	~				
CITY-ST-ZIP		DELETE	3.4. CITY-					Change	☐ Addition
TITLE		□ VELETE	4.1 TITLE 4. 2 NAME					90	
NAME				_					
STREET ADDRESS				ETADORES	SS				
CITY-ST-ZIP		7 DELETT	4.4 CITY-					☐ Change	Addition
TITLE	}	☐ DELETE	5.1 TITLE 5.2 NAME			• •		. □ Change	Addition
NAME	1		1					•]
STREET ADDRESS	Ì			ET ADDRES	20	•			
CITY-ST-ZIP		- DESETE	5.4 CITY- 6.1 TITLE		-			Change	Addition
TITLE		☐ DELETE	6.2 NAME						L Addition
NAME				ET ADDRES					j
CTOCCT ADDRESS	•1		■ O.J JIKE	こっというしんじつ	~ ı				1

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 of other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

299

401829.2300