## 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 # 122851

## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90063 012 \*\*\*150.00

1. Corporation Name							
SOUTH KEY REST CORP							
						AL BIOLI BION DIBLE	
Principal Place of Business Mailing Address					- I FOSEIT DEBTO INTID ITORA (BUIDL WITE) ILUK DED	us minsi minis nemi n	IDII BIDII IDDI
1010 SEAWANE DRIVE 1010 SEAWANE DRIVE							
HEWLETT HARBOR NY 11557-2604 HEWLETT HARBOR NY 115			i57-2 <b>60</b> 4				•
					DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualifed		
2 Principal P	Place of Business	2a. Mailing Address			08/15/1973 4. FEI Number		
<del></del>	race of Business				11-2374051		plied For
Suite, Apt.	#. etc	Suite, Apt. #, etc.			11-23/4051	\$8.75 A	t Applicable
22 27					5. Certifcate of Status Desired	Fee Re	
		City & State	City & State		6. Election Campaign Financing	\$5.00	<u> </u>
<del>-</del>		28		Trust Fund Contribution	Added to		
Zip	Country	Zip	Country		8. This corporation owes the current year		<u> </u>
24	25 29 30		30		Personal Property Tax. ☐ Yes ☐ No		□No
					10. Name and Address of New Registers	ed Agent	
				me			
GUZZONE, SAL M			82 St	eet Addre	ss (P.O. Box Number is Not Acceptable)	<del></del>	
C/O CAMPBELL & ROSEMURGAY REAL ESTATE							
1233 E. HILLSBORO BLVD.			83			on Sign to Sign # a for a to a common to the part	
DEERFIELD BEACH FL 33441			84 Cit	v	the second secon	. 85 Zip C	
				•	F	L	
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 register 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.							registered jistered
-	m laminar with, and accept the obligation	ons of, Section 607.0505, Flori	ua Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signa	ture required	when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	SCHLUSSEL, LEONARD		1.2 NAME		·		
STREET ADDRESS	1010 SEAWANE DRIVE		1.3 STREET ADDR	ESS			
CITY-ST-ZIP	HEWLETT HARBOR NY		1.4 CITY-ST-ZIP				
TITLE	DT	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	SCHLUSSEL, IRVING	•	2.2 NAME				
STREET ADDRESS	s 1010 SEAWANE DRIVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	HEWLETT HARBOR NY		2.4 CITY-ST-ZIP				
TITLE	DELETE 3.1 T		3.1 TITLE			Change	Addition
NAME .			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDR	ESS	, , , , , , , , , , , , , , , , , , ,	4 14 1	h #-21
CITY-ST-ZIP			3.4. CITY-ST-ZIP			<u> </u>	
TITLE		☐ DELETE	4.1 TITLE		Ÿ	☐ Change	☐ Addition
NAME			4. 2 NAME				ĺ
STREET ADDRESS			4.3 STREET ADDR	ESS			.
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME 5.3 STREET ADDR		•		ĺ
STREET ADDRESS				500			
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP			☐ Change	☐ Addition
NAME			6.2 NAME			[] Glange	☐ Addition
ļ				-96			ļ
STREET ADDRESS			6.3 STREET ADOR	-55			

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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR