Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90211 002 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F84179

1. Corpora ion Name

LONGWOOD HILLS DEVELOPMENT, INC.

							I I BORÎ AN TÎMELÎ MÎNÎ BÎ MARÎ TÎMÎ Î TOMÎ	B HELL BUSH	il Bibli Albii bibli	Aldi) eleji ibbi
Principal Place of Business Mailing Address										
857 DOVER ROAMSTLAND FL 3		857 DOVER ROAD MAITLAND FL 32751	857 DOVER ROAD							
MARILAND FL 3	2/31	WATERIO TE GETOT			DO NOT WRITE IN THIS SPACE					
						3. [Date Ir corporated or Qualifed			ļ
						(06/07/1982			
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. 1	FEI Number		A	pplied For
21		26	26			!				ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional				1
22		27	27			5.	Certificate of otatos aconico		Fee R	Recuired
City & S ate	3	City & State	City & State			6. Electio Campaign Financing \$5.00 May Be			- 1	
23		28	. 			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Count	try			This corporation owes the curre	nt year		FUTA
25 29			30			Personal Property Tax. Yes XNo 10. Name and Address of New Registere J Agent				LAINO
	9. Name and Add ess of Curr	ent Registered Agent				10.	Name and Address of New Ro	agister	1 Agent	
14/01	V CTEDUEN			31	Name					
WOLK, STEPHEN 857 DOVER ROAD			8	32	Street Addr	ress (P.	O. Box Number is Not Acceptal	ole)		
									<u> </u>	
MAII	LAND FL 32751		1	33						
			1	34	City				., 85 Zip	Code
								F		
office of r	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obli	tein: Florida. Such ch ance wa s a	utnorizea i	ργιπ	named corporation	oration on's boa	submits this statement for the part of cirectors. I hereby accept	the ap	pointment as r	egistered
SIGNATURE						_				
	Signature, typed or printed nar ie of registered a		_ 6	gent s	signature required		(DDITIC INS/CHANGES TO OFF	DATE	ND DIRECT	OE & INI 12
12.		ANC DIRECTORS	13.			A	IDDITIC NS/CHANGES TO OFF	ICENS	Change	
TITLE	VSD	□ DELETE								
NAME	WOLK, HELEN JANE			1.3 STREET ADDRESS						
STREET ADDRESS	857 DOVER ROAD									
CITY-ST-ZIP	MAITLAND FL	DELETE	1.4 CITY		ZIP				Change	Addition
TITLE	PD	[] DELETE	1	2.1 TITLE					onange	
NAME	WOLK, STEPHEN		22 NAV							1
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	MAITLAND FL		2. 4 CIT		·ZIP				Change	Addition
TITLE	VD	☐ DELETE	3 1 TITL						onenge	
NAME	WOLK, STEVEN JAY		3.2 NAM							
STREET ADDRESS	857 DOVER RD		H		ADDRESS					
CITY-ST-ZIP	MAITLAND FL		3.4. CIT		ZIP				Change	Addition
TITLE		[] DELETE	4.1 TITL							
NAME			4. 2 NAI							
STREET ADDRES S					ADDRESS					
CITY-ST-ZIP		☐ DELETE	4,4 CITY 5,1 TITL	_	ZIP -				Change	Addition
TITLE		ال محدداد	5.1 IIIL							
NAME			4		ADDRESS .					
STREET ADDRES S			5.5 S I R							ľ
CITY-ST-ZIP		DELETE	61 TITL						Change	Addition
TITLE			6.2 NAM						change	
NAME.			0.2 NAN	nC.	- 1					

14. 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 32 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STRÉET ADDRESS

CITY-ST-ZIP