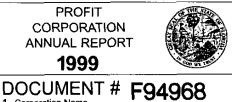
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



NORTHCLIFFE DEVELOPMENT CORPORATION

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State Katherine Harris

05-06-1999 90103 033 ***150.00

|--|--|

Principal Place	e of Business	Maili	ng Address								
112 MARCIA DI			MARCIA DRIVE								
	PRINGS FL 32714		MONTE SPRINGS FL	32714			DO NOT WRITE I	N THIS S	SPACE	<u>:</u>	
US		US					3. Date Incorporated or Qualifed				
							08/30/1982				
2. Principal P	lace of Business	2a. N	Mailing Address				4. FEI Number		L	Appl	lied For
21		26					<u>59-3201558</u>				Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required					
City & Stat	e	-	City & State				6. Election Campaign Financing	,	\$ 5	.00 A	lay Be
23		28					Trust Fund Contribution	_		ded to	
Zip	Country		ip	Cour	ıtry		8. This corporation owes the current	year Inta	ngible		
24	25	29		30			Personal Property Tax.		Yes Yes		□No
	9. Name and Address of Curre	nt Registe	red Agent				10. Name and Address of New Regi	istered A	gent		
					81	Name					
LEMUS, ANTONIO C						Street Addr	ress (P.O. Box Number is Not Acceptable)			
112 MARCIA DRIVE					82						
ALTA	AMONTE SPRINGS FL 32714			1	84	City			85	Zip Co	ode
					1	•		FL		•	
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida	Such change was a	uthorized	by 1	the corporation	poration submits this statement for the pur on's board of directors. I hereby accept the	pose of c e appoin	mangin tment a	gus regi	stered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if a	pplicable. (NOTE	: Registered	Agent	t signature require	od when reinstating)	DATE			
12.	OFFICERS A			13.	_		ADDITIONS/CHANGES TO OFFIC	ERS AN	O DIRE	CTOF	RS IN 12
TITLE	P		☐ DELETE	1.1 717	LE.				Cha	inge	Addition
NAME	SCHROEDER, MICHAEL E			1 2 NA	ME						
STREET ADDRESS	2413 VIA PINALE			1.3 ST7	REET	ADDRESS					
CITY-ST-ZIP	PALOS VERDES ESTATES CA	١		1,4 CIT	Y-ST	r-ZIP					
TITLE			☐ DELETE	2.1 T/T					Cha	inge	☐ Addition
NAME				2.2 NA	ME						
STREET ADDRESS				2.3 ST	REET	ADDRESS					
CITY-ST-ZIP				2.4 CF		į.					
TITLE			☐ DELETE	3.1 TIT					Cha	inge	☐ Addition
NAME				3.2 NA							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				3.4 CT							
TITLE			☐ DELETE	4.1 TIT	_				Cha	ınge	Addition
NAME				4. 2 NA							
STREET ADDRESS						ADDRESS					
				4.4 CIT							
TITLE			☐ DELETE	5.1 TIT	_	1-28			☐ Cha	ange	☐ Addition
Į				5.1 NA					_	-	_
NAME						ADDRESS					
STREET ADDRESS				5.4 CIT							
CITY-ST-ZIP			☐ DELETE	6.1 TIT					Cha	inge	Addition
TITLE			C DEFETE	6.2 NA		Ì					
NAME.	2 %					r ADDRESS					
STREET ADDRESS	N → 12 × 13 N					1					
CITY-ST-ZIP				6.4 CIT	Y-\$1	1-219					

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.

SIGNATURE: