Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90043 005 ***158.75

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

PROFIT CÖRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCU	MENT # 422613					
••	DEVELOPMENT CORPORA	TION				
IIILOIIO	DETECTIVIETY COM CITY	11011		1 (384) (1) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10)	EIGH 2000 EIGH 20	AR BIÓLIBA
Principal Plac	e of Business	Mailing Address			BIBSI BIBIL BIBLI BI	O 1 1 1 1 1 1 1 1 1
3600 S. CONGRESS AVE		3800 S. CONGRESS AVE		:		
SUITE I		SUITE I		DO NOT WRITE IN THIS	0.004.00	
BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426			3. Date Incorporated or Qualifed	SSPACE		
				03/30/1973.		
2. Principal F	Place of Business	2a. Mailing Address	·	4. FEI Number	App	lied For
21		26		59-1469910	⊢	Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		w/	\$8.75 A	dditional
22		27		5. Certificate of Status Desired	Fee Req	uired
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 N	лау Ве
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In		. .
24	25	29 3	0	Personal Property Tax.	Yes	No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered	Agent	•
MILORD, JEROME F						
3600 S. CONGRESS AVE			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
SUITE I			83			
BOY	INTON BEACH FL 33426					
			84 City	· Fl	85 Zip Ci	ode
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the above-named cor	poration submits this statement for the purpose of	f changing its r	egistered
office or r	registered agent, or both, in the State or am familiar with, and accept the obligat	of Florida. Such change was auth	horized by the corporat	tion's board of directors. I hereby accept the appo	intment as regi	istered
•	minimum with, and accept the obligat	10/13 01, 0000011 001 .0000, 1 10/10	ia 010100.			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered Agent signature requir	red when reinstating) DATE		
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	VD	☐ DELETE	1.1 TITLE	•	Change	Addition
NAME	PAUL, MILORD J		1.2 NAME	•		
STREET ADDRESS			1.3 STREET ADDRESS	•		
CITY-ST-ZIP	BRIDGEVIEW IL 60455	□ DELETE	1.4 C/TY-ST-ZIP		Change.	Addition
TITLE	PD P	☐ DELETE	2.1 TITLE	'	Change	
NAME	MILORD, JEROME F. 3600 S. CONGRESS AVE		2.2 NAME	•		
STREET ADDRESS	BOYNTON BEACH FL 33426		2.3 STREET ADDRESS	:		
CITY-ST-ZIP TITLE	SD	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	*	Change	Addition
NAME	MILORD, KEVIN, T	- Deceme	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	BRIDGEVIEW, IL 00000 60455		3.4. CITY-ST-ZIP	•		
TITLE	VD	. DELETE	4.1 TITLE		Change	Addition
NAME	MILORD, WILLIAM J		4. 2 NAME			1
STREET ADDRESS	3600 S. CONGRESS AVE					į
			4.3 STREET ADDRESS			į
CITY-ST-ZIP	BOYNTON BEACH FL 33426		4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	BOYNTON BEACH FL 33426 D	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY- ST-ZIP 5.1 TITLE		☐ Change	Addition
	_	☐ DELETE	4.4 CITY-ST-ZIP		☐ Change	Addition
TITLE	D	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	Addition
TITLE NAME	D MILORD, PHIL		4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	D MILORD, PHIL 9801 S. INDUSTRIAL DRIVE BRIDGEVIEW IL 60455 T	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	1	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILORD, PHIL 9801 S. INDUSTRIAL DRIVE BRIDGEVIEW IL 60455		4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	3		

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 example 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

BRIDGEVIEW IL 60455