FILED Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90171 039 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

04/22/1983

4. FEI Number

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

Mailing Address

SUITE 200

US

2201 CORP BLVD NW

BOCA RATON FL 33431

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

2201 CORP BLVD NW

BOCA RATON FL 33431

SUITE 200



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 856211 1. Corporation Name

ALTMAN DEVELOPMENT CORPORATION

2a. Mailing Address 2. Principal Place of Business Not Applicable 26 38-2036283 21 Suite, Apt. #, etc. **\$8.75** Additional Suite, Apt. #, etc. 5. Certificate of Status Desired - - [Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Country Zip Zip □ No Personal Property Tax. ☐ Yes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ALTMAN, JOEL L. Street Address (P.O. Box Number is Not Acceptable) 2201 CORP BLVD., N.W. SUITE 200 **BOCA RATON FL 33431** 83 Zin Code 84 City 85 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 registered 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. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. X Change DELETE 1.1 TITLE C/D TITLE ALTMAN, JOEL L. 12 NAME NAME ALTMAN, JOEL L. 2201 CORP BLVD., N.W. SUITE 200 1.3 STREET ADDRESS 2201 CORP BLVD., N.W. SUITE 200 STREET ADDRESS BOCA RATON, FL 33431 1.4 CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP X Addition □ DELETE 2.1 TITLE P/S TITLE 22 NAME ROBERTS, JEFFREY NAME ALTMAN, GAIL H. 2201 CORP BLVD., N.W. SUITE 200 2201 CORP BLVD., N.W. 200 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP BOCA RATON, FL. 33431 **BOCA RATON FL** CITY-ST-ZIP **Addition** ☐ Change DELETE TITLE 3.1 TITLE V/T 3.2 NAME MERRILL, DAN H. NAME 2201 CORP BLVD., N.W. SUITE 200 BOCA RATON, FL 33431 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY- ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4,1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IP Addition Change ☐ DELETE 51TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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

SIGNATURE: _

SIGNATURE REQUIRED

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.