## 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 # 282719

SEMINOLE DEVELOPMENT CORPORATION

## **FILED** Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90018 020 \*\*\*158.75



	·							
Principal Place of Business Mailing Address								
% 2001 N.W. 107 AVENUE % 2001 N.W. 107 AVENUE MIAMI FL 33172-2507 MIAMI FL 33172-2507		% 2001 N.W. 107 AVENU	Æ					
				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			
					06/24/1964			
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Apı	olied For	-2	
1				59-1162206	/ Not	Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		.:	
27		27			or comments of crafted beamed.	Fee Re	quired	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00		
3		28			Trust Fund Contribution	Added to	Fees	
∴ Zip	Country	Zip	Country		8. This corporation owes the current ye		□No	
4	25	29	30		Personal Property Tax.  10. Name and Address of New Regis			
	9. Name and Address of Curre		81	Name	10. Name and Address of New Augus	terou Agent		
SCH	JAECED DECKY C							
SELIZON	1 NW 107 AVE	CRATICAL	. 82	Street Addr	ess (P.O. Box Number is Not Acceptable)	•		
MIA	MI FL 33172		83	<del></del>	**************************************		A175.198	
							30 F31 1121	٠
			84	City		FL 85 Zip C	ode	
11 Pursuant	to the provisions of Sections 607 05	02 and 607.1508. Florida Stat	utes, the above-	named corp	oration submits this statement for the purp	ose of changing its	registered	
office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was	authorized by the	ne corporation	on's board of directors. I hereby accept the	appointment as req	gistered	
agent. i a	am ramiliar with, and accept the oblig	ations of, Section 607.0505, F	ibilda Statutes.					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered Agent	signature required	d when reinstating)	ATE		â
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12	õ
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition	Ì
NAME	DYE, H. MICHAEL		1.2 NAME	ŀ	•	**		2
STREET ADDRESS	2001 N.W. 107 AVE.		1.3 STREET A	DDRESS	·		Ì	Ĭ
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-	ZIP				ò
TITLE	7	☐ DELETÉ	2.1 TITLE		: ·	☐ Change	Addition	
NAME	WICKETT, RICHARD A.		2.2 NAME				,	
STREET ADDRESS	2001 N.W. 107 AVE.		2.3 STREET A	ODRESS		÷		
CITY-ST-ZIP	MIAMI FL 33172	<u>``</u>	2.4 CITY-ST	ZIP		[] (h	CT Addition	í
TITLE TOTAL	Scan stayed e	☐ DELETE	3.1 TTTLE		•	Change	Addition	
NAME	GRUBEL, RICHARD M.	CRATE	3.2 NAME					
STREET ADDRESS	11 45 55 14 11 12 1		3.3 STREET A		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1. 有语 (图) And	12 12	
CITY-ST-ZIP	MIAMI FL 33172	□ DELETE	3.4. CITY-ST	ZIP		Change	. Addition	
TITLE	CD	□ nereie	4.1 TITLE			Cridings	, , , , , , , , , , , , , , , , , , , ,	
NAME	RANDOLPH, WILLIAM W.	24 4 4 2	4. 2 NAME					
STREET ADDRESS		Mark Park Contract	4.3 STREET		•			
CITY-ST-ZIP	MIAMI FL 33172	☐ DELETE	4.4 CITY-ST- 5.1 TITLE	<u> </u>		☐ Change	Addition	
TITLE	D DAVID A		5.3 NAME		137 - 1854 - C			
NAME	TWIDDY, DAVID A		5.3 STREET	UDDRESS	Section 1997	•		Į
STREET ADDRESS	3.0							
CITY-ST-ZIP			5 A CITY. ST.		A 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			١.
TITLE ··	MIAMI FL	∏ DELETE	5.4 CITY-ST- 6.1 TITLE	ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change	Addition	,
	Days and the other.	☐ DELETE	6.1 TITLE	212	21.00	☐ Change	Addition	
NAME	D. ZUMWALT, JOHN B.	☐ DELETE	6.1 TITLE 6.2 NAME			☐ Change	Addition	e e
	D ZUMWALT, JOHN B.	☐ DELETE	6.1 TITLE	ADDRESS		☐ Change	☐ Addition	

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 found 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 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 13 if changed, or on an attactument with an address, with all other like empowered.