FILE	E NOW: FILING FEE	AFTER MAY 1ST IS	\$550	.00		
COI	PROFIT RPORATION UAL REPORT 1999	FLORIDA DEPAR Katherir	TMENT (ne Harriy of State	OF STATE		II.ED
DOCH	MENT # 28580	10			[→] 99 OCT	12 PM 6: 31;
MELBO	URNE DEVELOPMENT AS					ARY OF STATE
2938 LAWRENCE CIRCLE 2837 COLBERT CIRCLE MELBOURNE FL 32901 7254 MELBOURNE FL 32901						
neepoorine 1	2 02001 7207	WELLOON IN THE VENE			DO NOT WRITE IN TH	IIS SPACE
					3. Date Incorporated or Qualifed 10/08/1964	
2. Principal F	Place of Business	2a. Mailing Address		,	4. FEI Number	Applied For
Suite, Apt	# elc	Suite, Apt. #, etc.			59-1093004	Not Applicable \$8.75 Additional
2]		27	27		5. Certifcate of Status Desired	Fee Required
City & Sta	City & State City & State 28 Zτρ 25 29 30 30				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip I				lry	8. This corporation owes the current year Intangible Personal Property Tax. Yes No	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Cui				10. Name and Address of New Registers	d Agent
SIM	PSON, VIRGIL		ľ	Name		
	8 LAWRENCE CIRCLE		1	32 Street Add	dress (P.O. Box Number is Not Acceptable)	
MEL	BÖURNE FL 32901-7254		ī	33		
			1	34 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508. Florida Statute	s. the abo	ove-named cor	poration submits this statement for the purpose	
office or r agent. I a	egistered agent, or both, in the St im familiar with, and accept the ob	ate of Florida. Such change was au ligations of, Section 607.0505, Flori	ithorized I ida Statut	by the corporations.	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as registered
SIGNATURE					·	
2.	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS	13.	Geur mönamus tedni	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TLE	Р	☐ DELETE	1.1 T/TL	E		Change Addition
AME TREET ADDRESS	WORSHAM, JONATHAN 279 OLEANDER PLACE		1.2 NAME #F		100003025	6316
TY-ST-ZIP	ORMOND BEACH FL	C oc. ere		-ST-ZIP	**************************************	フェロー 14 * * * * * * * * * * * * * * * * * * *
TLE AME	VPT Jefferson, Doris	☐ DELETE	2.1 TITLE 2.2 NAM			. C. Curinge o Filocomor
TREET ADDRESS				EET ADDRESS		
IY-ST-ZIP	MELBOURNE FL 32901			/-ST-ZIP		
) LE	\$	☐ DELETE	3.1 TITL			☐ Change ☐ Addition
AME 😪	TAYLOR LINDA		3.2 NAME			
TREET ADDRESS	2831-COLBERT-CIROLE MELBOURNE FL		3.3 STREET ADORESS		A	
HTY-ST- Z IP ITLE	MELDOURNE PL		3.4. CITY-ST-ZIP 4.1 TITLE			☐ Change ☐ Addition
AME		- "	4. 2 NAA			
TREET ADDRESS			4.3 STR	EET ADDRESS		
HY-ST-ZIP				-ST-ZIP		
ITLE		☐ DELETE	5.1 TITL			☐ Change ☐ Addition
IAME TOCCT ADDOCCO				EET ADDRESS		
TREET ADDRESS ITY-ST-ZIP	,		5.4 CITY			
TLE		☐ DELETE	6.1 TITLE		TS	☐ Change ☐ Addition
NAME	i		6.2 NAM	ε Ι	1 10	,

6.4 CITY-ST-ZIP 14. Thereby 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE: SOMATURE

NAME

STREET ADDRESS