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## 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 # 309245**

1, Corporation	N DEVELOPMENT, INC.	·			
Principal Place of Business Mailing Address					
2535 SUCCESS DR					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
2. Principal Place of Business 2a. Mailing Addr					4. FEI Number Applied For
21	26			59-1174485 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired   \$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country 25	Zip	Country		8. This corporation owes the current year Intangible Personal Property Tax.   Yes  No
-11	9. Name and Address of Curre		,		10. Name and Address of New Registered Agent
			81	Name	
BAKER,RICHARD W. 1803 U.S.HIGHWAY 19			82	Street	et Address (P.O. Box Number is Not Acceptable)
	DAY FL 34691		83		
			84	City	FL 85 Zip Code
office or re agent. I at SIGNATURE	to the provisions of Sections 607.05 agistered agent, or both, in the Stati in familiar with, and accept the oblig Signature, typed or printed name of registered as	e of Florida. Such change was au gations of, Section 607.0505, Flori	thorized by da Statute:	the corposit	reproduct corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered required when reinstating)  DATE
12.	OFFICERS A	ND DIRECTORS	13.	•	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	DELETE	1.1 TITLE		PSD Change Addition
NAME	SPEER, RICHARD M	• •	1.2 NAME		RICHARD W. DAKER
STREET ADDRESS	2535 SUCCESS DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556		1.4 CITY-ST-ZIP		ODESSA FL 33554
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPEER, LYNNDA L.		22 NAME		
STREET ADDRESS	2535 SUCCESS DR		2.3 STREET ADDRESS		s
CITY-ST-ZIP	ODESSA FL 33556		2. 4 CITY-ST-ZIP		
TITLE	ν	☐ DELETE ·	3.1 TITLE		Change - Addition
NAME	SCHERER, J C		3.2 NAME		
STREET ADDRESS	2535 SUCCESS DR		3.3 STREET ADDRESS		s
CITY-ST-ZIP	ODESSA FL 33556		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		s
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Channe C Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS				TADDRESS	»
CITY-ST-ZIP			5.4 CITY-5	si-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME			
STREET ADDRESS			6.3 STREE	TADDRESS	.S.

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.

6.4 CITY-ST-ZIP

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 Date 9

Daytime Phone #