

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90041 014 ***150.00

DOCUMENT # 549282

1. Corporation Name

FLO-DEVELOPMENT AND CONSTRUCTION CO.

Principal Place of Business

**316 ROYAL POINCIANA PLAZA
P.O. BOX 1059
PALM BEACH FL 33480**

Mailing Address

**316 ROYAL POINCIANA PLAZA
P.O. BOX 1059
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1977

4. FEI Number

59-1779415

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**CARSON, DONALD W.
316 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

81 Name

Carson, Donald W.

82 Street Address (P.O. Box Number is Not Acceptable)

340 Royal Poinciana Way

83

Suite 316

84 City

Palm Beach

FL

85 Zip Code

33480

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TV** ☒ DELETE

NAME **KANAI, DENNIS J.**
STREET ADDRESS **316 ROYAL POINCIANA PLZ.**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☐ DELETE

NAME **FANJUL, ALFONSO**
STREET ADDRESS **316 ROYAL POINCIANA PLZ.**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **VSD** ☐ DELETE

NAME **CARSON, DONALD W.**
STREET ADDRESS **316 ROYAL POINCIANA PLZ.**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **PD** ☐ DELETE

NAME **FANJUL, JOSE**
STREET ADDRESS **316 ROYAL POINCIANA PLZ.**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **V** ☐ DELETE

NAME **HERNANDEZ, OSCAR R**
STREET ADDRESS **316 ROYAL POINCIANA PLZ.**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **V** ☒ DELETE

NAME **MACIAS, DOMINGO**
STREET ADDRESS **316 ROYAL POINCIANA PLZ.**
CITY-ST-ZIP **PALM BEACH FL 33480**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**340 Royal Poinciana Way
Suite 316
Palm Beach, FL 33480**

CORRECTION

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

**340 Royal Poinciana Way
Suite 316
Palm Beach, FL 33480**

CORRECTION

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

**340 Royal Poinciana Way
Suite 316
Palm Beach, FL 33480**

CORRECTION

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

**340 Royal Poinciana Way
Suite 316
Palm Beach, FL 33480**

CORRECTION

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 Block 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

Vice President

3/25/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-655-6303

CR2E034 (11/98)