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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 690376 (9)
1. Corporation Name
ALTAMONTE DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address
~~690 STATE ROAD 434 NORTH~~
~~ALTAMONTE SPRINGS FL 32714~~
~~690 STATE ROAD 434 NORTH~~
~~ALTAMONTE SPRINGS FL 32714 7013~~

2. Principal Place of Business 2a. Mailing Address
21 2909 W SR 434 26 2909 W SR 434
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 121-131 27 Suite 121-131
City & State City & State
23 Longwood, FL 28 Longwood, FL
Zip Country Zip Country
24 32779 25 32779 29 32779 30 32779

3. Date Incorporated or Qualified 3a. Date of Last Report
06/16/1981 05/01/1996
4. FEI Number Applied For
502115071 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
GOODMAN, BARRY S.
~~690 STATE ROAD 434 NORTH~~
~~ALTAMONTE SPRINGS FL 32714~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2909 W SR 434
83 Suite 121-131
84 City Longwood FL 85 Zip Code 32779

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 V ☐ DELETE
NAME BIEDERMAN, R A
STREET ADDRESS 690 STATE ROAD 434 NORTH
CITY-ST-ZIP ALTAMONTE SPRINGS FL
TITLE PSTD ☐ DELETE
NAME GOODMAN, BARRY S.
STREET ADDRESS 690 STATE ROAD 434 N
CITY-ST-ZIP ALTAMONTE SPRINGS FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2909 W SR 434 Suite 121-131
1.4 CITY-ST-ZIP Longwood, FL 32779
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2909 W SR 434 Suite 121-131
2.4 CITY-ST-ZIP Longwood, FL 32779
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information submitted 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 included, or on an attachment with an address.

SIGNATURE: V SIGNATURE REQUIRED 4/16/97 407-786-4744

CR2E034 (9/96)