

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jun 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT #  
1. Corporation Name

690376

ALTAMONTE DEVELOPMENT CORPORATION

Principal Place of Business

2909 W. State Road 434  
Suite 121-131  
Longwood, FL 32779

Mailing Address

2909 W. State Road 434  
Suite 121-131  
Longwood, FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/16/81

4. FEI Number  
59-2115071

Applied For  
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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

GOODMAN, BARRY S.  
2909 W. STATE ROAD 434  
SUITE 121-131  
LONGWOOD, FL 32779

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required when registering)

(Signature of Registered Agent (Required when registering))

DATE

12. OFFICERS AND DIRECTORS

TITLE V S  
NAME BIEDERMAN, R.A.  
STREET ADDRESS 2909 W. STATE ROAD 434 #121-131  
CITY-STATE-ZIP LONGWOOD, FL 32779

TITLE P T D  
NAME GOODMAN, BARRY S.  
STREET ADDRESS 2909 W. STATE ROAD 434. #121-131  
CITY-STATE-ZIP LONGWOOD, FL 32779

TITLE V  
NAME FREEDMAN, JEROME B.  
STREET ADDRESS 2909 W. STATE ROAD 434, #121-131  
CITY-STATE-ZIP LONGWOOD, FL 32779

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

500002549815  
-06/05/98--01098--045

\*\*\*150.00

25  
6.2

14. I hereby certify that the information furnished 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 on the initial 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 have been or will be empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE:

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98

(407) 786-4244

CR2E034 (10/97)