FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
May 11, 1999 8:00 am
Secretary of State
05-11-1999 90038 026 ****70.00

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DOCUMENT # 752815

1. Corporation Name

NEW CENTURY DEVELOPMENT CORPORATION, INC.

Principal Place of Business	Mailing Address
5400 NW 22ND AVE. STE 701 MIAMI FL 33142	5400 NW 22ND AVE. STE 701 MIAMI FL 33142

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed **06/02/1980**	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number **59-2146664**	Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIAMS, SHARON Y 19085 NW 62ND AVE 204 MIAMI FL 33015	81 Name *Sharon Y. Williams* 82 Street Address (P.O. Box Number is Not Acceptable) *1180 Bayberry Dr.* 83 *Pembroke Pines* 84 City **FL** 85 Zip Code *33024*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Sharon Y. Williams*   *5/10/99*
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD** NAME **CULVER, SULLIVAN C.** STREET ADDRESS **4513 NW 33RD AVENUE** CITY-ST-ZIP **MIAMI FL**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VDT** NAME **GABRIEL, ROBERT C** STREET ADDRESS **1732 N.W. 59TH STREET** CITY-ST-ZIP **MIAMI FL**	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME **STACKS, MICHAEL A** STREET ADDRESS **17943 S.W. 77 CT.** CITY-ST-ZIP **MIAMI FL**	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **DP** NAME **WILLIAMS, SHARON Y** STREET ADDRESS **5400 NW 22ND AVENUE, SUITE 701** CITY-ST-ZIP **MIAMI FL**	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **DS** NAME **PERCY, TERRY V** STREET ADDRESS **6001 N.W. 7 AVE., #100** CITY-ST-ZIP **MIAMI FL**	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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 617, 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: *Sharon Y. Williams* REQUIRED   *4/30/99* (305)638-4752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #