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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 837655

1. Corporation Name

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

REPUBLIC DEVELOPMENT OF CONNECTICUT, INC.

Principal Place	of Business	Mailing Address									
101 CORAL CAY DR. PALM BEACH GARDENS FL 33418		101 CORAL CAY DR. PALM BEACH GARDENS FL 33418									
TALM DEACH GAMBERS 12 55410		THEM DESIGN CHILDENS TO SOTIO			DO NOT WRITE IN THIS SPACE						
					` ÷	Date Incorporated	or Qualifed				
						01/05/1977					
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For		
21	•	26				06-0870413				Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Statu	e Desired				dditional
22		27				5. Certificate of Statu	s Desired [Fe	e Req	uired
City & State	9	City & State				6. Election Campaigr	Financing		\$5	.00	May Be
23		28				Trust Fund Contrib	oution L		Ad	ded to	Fees
Zip				ıntry		8. This corporation of	wes the current	t year Inta	ngible		
24 25 29		29	30		•	Personal Property	Tax.	!	Yes	<u>, [</u>	∏No
-:-	9. Name and Address of Current			10. Name and Addre	ss of New Rec	istered A	gent				
					Name						
HALSELL, RICHARD S			82	Ctront Add	dress (P.O. Box Number is	Not Acceptable	o) ·				
101 CORAL CAY DR.			62	Street Aut	BIOSS (F.O. BOX NUMBER IS	Not Acceptable	-)				
PALM BEACH GARDENS FL 33418				83		·					
				Ш					TT	· ~	
	•			84	City			FL	85	Zip C	oae
11 Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statu	tes, the a	bove	-named cor	poration submits this state	ment for the pu	rpose of c	hangir	ng its r	egistered
l office or re	egistered agent, or both, in the State o	if Florida. Such change was a	uthorized	d by	the corporat	tion's board of directors. I h	ereby accept t	ne appoint	ment a	as reg	istered
agent. I ar	m familiar with, and accept the obligati	ons of, Section 607.0505, Fig	noa Stat	utes.	•						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTI	- Registerer	1 Agen	t signatura requi	ired when reinstating)		DATE			
12.	OFFICERS AND	·	13.			ADDITIONS/CHAN	GES TO OFFIC	CERS AND	DIRE	CTO	RS IN 12
TITLE	Ρ .	☐ DELETE	1.1 Ti	TLE					☐ Cha		Addition
NAME			1.2 N								
1	101 CORAL CAY DRIVE			-	ADDRESS						
STREET ADDRESS				ITY-SI							
CITY-ST-ZIP			2.1 TI		1-ZIP				Cha	anae	Addition
1			2.7 N		-	, 445			_	. •	- .
NAME											
STREET ADDRESS	ONE ATLANTIC ST				ADDRESS						
CITY-ST-ZIP				.4 CITY-ST-ZIP					□ Chr	anne	☐ Addition
TITLE		☐ DETEIE								go	
NAME			3.2 N								
STREET ADDRESS			3.3 S	TREET	ADDRESS	•					
CITY-ST-ZIP	,			ITY-S	T-ZIP		•				□ A 4 200
TITLE	_	☐ DELETE	4.1 TI	ITLE					Cha	ınge	☐ Addition
NAME	•		4. 2 N	IAME							
STREET ADDRESS			4.3 \$	TREET	ADDRESS		-	,			
1					1			-			

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

150.00

☐ DELETE

☐ DELETE

Change

Change

Addition

☐ Addition