

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 02, 1999 8:00 am  
Secretary of State

04-02-1999 90051 002 \*\*\*150.00

DOCUMENT # F09826

1. Corporation Name

PENINSULAR DEVELOPMENT CORP.

Principal Place of Business

%MORAITIS, COFAR & KARNEY  
915 MIDDLE RIVER DRIVE #506  
FT. LAUDERDALE FL 33304

Mailing Address

%MORAITIS, COFAR & KARNEY  
915 MIDDLE RIVER DRIVE #506  
FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1980

4. FEI Number

59-2035163

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORAITIS, GEORGE R.  
915 MIDDLE RIVER DRIVE #506  
FORT LAUDERDALE FL 33304

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 607.0502 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME BARBERI, JUAN MANUEL  
STREET ADDRESS 1800 S. OCEAN BLVD.  
CITY-ST-ZIP POMPANO BEACH FL

1.1 TITLE DVPS  
1.2 NAME BARBERI, JUAN MANUEL  
1.3 STREET ADDRESS 1800 S. Ocean Blvd.  
1.4 CITY-ST-ZIP Pompano Beach, FL

TITLE D  
NAME BARBERI, LUZ MARIA  
STREET ADDRESS 1800 S. OCEAN BLVD.  
CITY-ST-ZIP POMPANO BEACH FL

2.1 TITLE DP  
2.2 NAME BARBERI, LUZ MARIA  
2.3 STREET ADDRESS 1800 S. Ocean Blvd.  
2.4 CITY-ST-ZIP Pompano Beach, FL

TITLE V  
NAME MORAITIS, GEORGE R.  
STREET ADDRESS 915 MIDDLE RIVER DR.  
CITY-ST-ZIP FT. LAUDERDALE FL

3.1 TITLE V  
3.2 NAME MORAITIS, GEORGE R.  
3.3 STREET ADDRESS 915 Middle River Drive, Suite 506  
3.4 CITY-ST-ZIP Fort Lauderdale, FL 33304

TITLE D  
NAME BARBERI, FRANCISCO JOSE  
STREET ADDRESS 1800 SO. OCEAN BLVD.  
CITY-ST-ZIP POMPANO BEACH FL

4.1 TITLE DVPT  
4.2 NAME BARBERI, FRANCISCO JOSE  
4.3 STREET ADDRESS 1800 S. Ocean Blvd.,  
4.4 CITY-ST-ZIP Pompano Beach, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/99

954-883-4163

CR2E034 (11/98)