**FILED** 

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90006 041 \*\*\*158.75

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F14914

1. Corporation Name

BUCKEYE DEVELOPMENT CORP.

Principal Place of Business Mailing Address						- I TABUTAN TIAT TIET ATATA TATA	ili Bibi 41811 Bib		ALE BIRDI BERN FRAN
14289 BANDED RACCOON DR 14289 BANDED RACC			)R						
PALM BCH GRDNS FL 33418 PALM BCH GRDNS FL 33418									
US US						DO NOT WRIT	TE IN THIS S	SPACE	
						3. Date Incorporated or Qualifed 01/15/1981			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		_ [_]	Applied For
21	•	26				31-1000124			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		<b>+</b>	5 Additional	
22		27				<b>Q.</b>			Required
City & State	B - + +	City & State				6. Election Campaign Financing			00 May Be
23		28				Trust Fund Contribution		_	ed to Fees
Zip	Country	Zip	Country			8. This corporation owes the curre			
24	25		30			Personal Property Tax.		Yes	No
	9. Name and Address of Currer	nt Registered Agent	-	81	Name	10. Name and Address of New R	egistereu A	gent	
PERCHICK, MARK					Name	_			
14289 BANDED RACCOON DR			Ī	82	Street Addre	ess (P.O. Box Number is Not Accepta	ıble)		
PALI	A BCH GRONS FL 33418		-	83			<del></del>		
			Ļ	_		<u></u>		las -	Zip Code
				84	City		FL	85 2	Tip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the ab	ove-i	named corpo	ration submits this statement for the	purpose of o	hanging	its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized	by th	ne corporation	n's board of directors. I hereby accep	ot the appoin	ітепі а	s registereo
• .	itt lattillat with, and accept the conga	mona di, babadii dar.0000, i toir	<b></b>		•				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: I	Registered /	Agent s	signature required	when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS ANI	D DIREC	CTORS IN 12
TITLE	P	☐ DELETE	1.1 7173	LE		-		Char	nge 🗌 Addition
NAME	PERCHICK, MARK		1.2 NAME						
STREET ADDRESS 14289 BANDED RACCOON DR		RIVE	1.3 STREET ADDRESS		DORES\$				Į
CITY-ST-ZIP PALM BEACH GARDENS FL		3418	1.4 CITY-ST-ZIP		ZIP				
TITLE	☐ DELETE 2.1			LE				Char	nge
NAME	22		2.2 NA	ME					İ
STREET ADDRESS			2.3 STF	2.3 STREET ADDRESS					i
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		-ZIP	` _			
TITLE			~ -3.1·TITI			·		Char	nge 🗌 Addition
NAME	32		3.2 NA	ME					
STREET ADDRESS			3.3 STF	REETA	DORESS				
CITY-ST-ZIP			3.4. CIT	ry-st-	ZIP	_			
TITLE			4.1 TITI	4.1 TITLE				Char	nge 🗀 Addition
NAME			4. 2 NA	ME		•			
STREET ADDRESS			4.3 STF	REETA	NDDRESS				ļ
CITY-ST-ZIP			4.4 CIT	Y-ST-Z	ZIP				
TITLE			_	5.1 TITLE				Char	nge 🗌 Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 STF	REETA	NDORESS				
CITY-ST-ZIP			5.4 CIT	Y-ST-	ZIP				
TITLE		☐ DELETE	6.1 TIT	LE				Char	nge 🗌 Addition
NAME			6.2 NA	ME					}
			63 ST	REETA	ADDRESS				

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR