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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F15088

FELNER DEVELOPMENT CORP.

## FILED Mar 24, 1999 8:00 am Secretary of State

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| reln<br>   | ICH DEVELOF<br> <br> | WENT CORP.                                       |             |   |   |  |   | ,                            |  |                                |                         |                        |     |
|--|----------------------|--|-------------|---|---|--|---|------------------------------|--|--------------------------------|-------------------------|------------------------|-----|
| Principal F  | Place of Business    |  | Ma          | iling Address                                 |   |  |   |                              | # 10061100 1101 11001 01111 08101 19101 1911 1                             | REAL DION TOUR                 |                         | 1 <b>6 16 11 18 81</b> |     |
| 4770 TREE FERN DRIVE<br>DELRAY BEACH FL 33445<br>US  |                      |  | 477         | 4770 TREE FERN DRIVE<br>DELRAY BEACH FL 33445 |   |  | 3 Dat   | DO NOT WRITE IN              | THIS SPACE   | <u></u>                        | <del></del> -           |                        |     |
| !  |                      |  |             |   |   |  |   |                              | /16/1981   |                                |                         |                        |     |
| 2. Princip   | al Place of Busine   | ess  | 2a.         | Mailing Address                               |   |  |   |                              | Number   |                                | Appli                   | ed For                 |     |
| 21 4236 Pine Hollow Circle   |                      |  |             | 26 4236 Pine Hollow Circle                    |   |  |   | 59                           | -2106014   |                                | Not /                   | Applicable             |     |
|  | Suite, Apt. #, etc.  |  |             | Suite, Apt. #, etc.                           |   |  |   |                              | rtifcate of Status Desired   | •                              | <b>75</b> Add<br>e Requ | ditional<br>iired      | į   |
| City & State   |                      |  |             | City & State                                  |   |  |   | 6. Ele                       | ction Campaign Financing   |                                | 00 м                    |                        | l   |
| Greenacres, Fl.  |                      |  |             |   |   |  |   |                              | st Fund Contribution   |                                | ded to                  | Fees                   | l   |
| Zip  | <br>                 | Country  | <del></del> | Zip   |   | untry  | n 1   |                              | s corporation owes the current yearsonal Property Tax.                     | ar Intangible<br>☐ Yes         | [a                      | No                     | l   |
| 24 334   |                      | 25 Palm Beach and Address of Current             | 29          | 33463   | 30  <u>P</u> &  | a <u>lm</u>  | <u>Beach</u>  |                              | me and Address of New Registe  |                                |                         | 1110                   | l   |
| <del></del> ;  | 9. Name              | and Address of Current                           | Negisi      | ered Agent                                    |   | 81   | Name  | 101_111                      |  | <u> </u>                       |                         |                        | ļ   |
| Ė  | FELNER, JAY          |  |             |   |   | 82   | Ctroot Ada  | from (P.O.                   | Roy Number is Not Acceptable   |                                |                         |                        | l   |
| 4770 TREE FERN DRIVE   |                      |  |             |   |   |  | 4236  | Pine H                       | Box Number is Not Acceptable) ollow Circle                                 |                                |                         |                        | ļ   |
| Ţ  | DELRAY BEACH         | I FL 33445                                       |             |   |   | 83   |   | •                            |  |                                |                         |                        |     |
|  |                      |  |             |   |   | 84   | City  |                              | <del> </del>   | 85                             | Zip Co                  | de_                    |     |
| ļ  |                      |  |             |   |   | 1 1  | Green   |                              |  | , ,                            |                         |                        |     |
| office   | or registered age    | ent or both in the State o                       | of Florida  | a. Such change was a                          | utnonzeo  | O DV I   | me corporai   | poration sul<br>tion's board | bmits this statement for the purpos<br>of directors. I hereby accept the a | se ot changin<br>appointment a | g its re<br>is regis    | gistered<br>stered     |     |
| agent  | t. I am familiar wit | h, and accept the obligation                     | ions of,    | Section 607.0505, Flo                         | rida Stat   | tutes.   | •   |                              |  |                                |                         | '                      | İ   |
| SIGNATU  | JRE                  |  | and the S   | Aceliashia (NOTE                              | Donietorer  | d Agent  | t signature reguli  | red when reinsta             | uting) DA1   | TE.                            |                         | <del></del>            |     |
| 12.  | Signature, typeo i   | or printed name of registered agent OFFICERS AND |             |   | 13.   |  | ( signature redoi   |                              | ITIONS/CHANGES TO OFFICER  |                                | CTOR                    | S IN 12                | 3   |
| TITLE  | Р                    |  |             | ☐ DELETE                                      | 1.1 Ti  | ITLE   |   |                              |  | ☐ Cha                          | nge                     | Addition               | 1   |
| NAME   | FELNER,              | JAY  |             |   | 1.2 N   | AME  |   |                              |  |                                |                         |                        | 2   |
| STREET ADD   |                      | E FERN DR  |             |   |   |  | ,   |                              |  |                                |                         |                        | 1   |
| CITY+ST-ZIP  |                      |  |             |   | 1.3 \$  | TREET  |   |                              | ne Hollow Circle   |                                |                         |                        | غ ا |
| TITLE  | ULUVII L             | BCH. FL.   |             |   | 1   | TREET  |   |                              | ne Hollow Circle<br>res, Fl. 33463   |                                |                         |                        |     |
| NAME.  | DEDIKT E             | BCH. FL  |             | ☐ DELETE                                      | 1   | TY-ST  |   |                              |  | ☐ Cha                          | nge                     | Addition               | 9   |
|  | DEDIVITE I           | 3CH. FL  |             | ☐ DELETE                                      | 1.4 C   | ary-st   |   |                              |  | ☐ Cha                          | nge                     | Addition               |     |
| STREET ADD   |                      | 3CH. FL  | <u></u>     | ☐ DELETE                                      | 1.4 C<br>2.1 TI<br>2.2 N  | ATY-ST<br>ITLE<br>IAME   |   |                              |  | ☐ Cha                          | nge                     | Addition               |     |
| CITY-ST-ZIP  | RESS                 | 3CH. FL  |             | - •   | 1.4 C<br>2.1 TI<br>2.2 N<br>2.3 S<br>2.4 C  | ETY-ST<br>ITLE<br>LAME<br>ETREET<br>CITY-ST  | ADDRESS   |                              |  |                                |                         |                        |     |
| CITY-ST-ZIP  | RESS                 | 3CH. FL  |             | ☐ DELETE                                      | 1.4 C<br>2.1 TI<br>2.2 N<br>2.3 S<br>2.4 C<br>3.1 TI  | ETY-ST<br>TILE<br>LAME<br>TREET<br>CITY-ST<br>TILE   | ADDRESS   |                              |  | ☐ Cha                          |                         | Addition Addition      |     |
| CITY-ST-ZIP TITLE NAME   | PRESS                | 3CH. FL  |             | - •   | 1.4 C<br>2.1 TI<br>2.2 N<br>2.3 S<br>2.4 C<br>3.1 TI<br>3.2 N   | ETTY-ST<br>ITLE<br>LAME<br>STREET<br>CITY-ST<br>ITLE<br>LAME   | ADDRESS T-ZIP   |                              |  |                                |                         |                        |     |
| CITY-ST-ZIP TITLE NAME STREET ADD  | RESS                 | 3CH. FL  |             | - •   | 1.4 C<br>2.1 TI<br>2.2 N<br>2.3 S<br>2.4 C<br>3.1 TI<br>3.2 N<br>3.3 S  | ETY-ST<br>TILE<br>LAME<br>STREET<br>CITY-ST<br>TILE<br>LAME<br>STREET  | ADDRESS T-ZIP  ADDRESS  |                              |  |                                |                         |                        |     |
| CITY-ST-ZIP TITLE NAME STREET ADDO CITY-ST-ZIP   | RESS                 | 3CH. FL  |             | - •   | 1.4 C<br>2.1 TI<br>2.2 N<br>2.3 S<br>2.4 C<br>3.1 TI<br>3.2 N<br>3.3 S  | ETY-ST TILE TAME TREET CITY-ST TILE TREET CITY-ST  | ADDRESS T-ZIP  ADDRESS  |                              |  |                                | nge                     |                        |     |
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| CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP | RESS                 |  | •           | DELETE  DELETE                                | 1.4 C<br>2.1 TI<br>2.2 N<br>2.3 S<br>2.4 C<br>3.1 TI<br>3.2 N<br>3.3 S<br>3.4 C<br>4.1 TI<br>4.2 N<br>4.3 S<br>4.4 C<br>5.1 TI<br>5.2 N<br>5.3 S<br>5.4 C<br>6.1 TI<br>6.2 N          | TITLE LAME TITLE T | ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP                |                              |  | ☐ Cha                          | inge<br>inge            | Addition Addition      |     |
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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 of 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:

ATURE AND TYPE DOTATION OF SIGNING OFFICER OF DIRECTOR 3/16/19 (56) 963-

-CR2E034 (11/98