

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
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90001 021 ***750.00

DOCUMENT # F37587

1. Corporation Name

WESTON-FLORIDA DEVELOPMENT CORPORATION - FT. PIE
RCE #1

Principal Place of Business

801 S OCEAN DR
SUITE 1204
HUTCHINSON ISLAND FL 34949
US

Mailing Address

2100 S US ONE
SUITE 1204
FT. PIERCE FL 34950
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1981

4. FEI Number

59-2154404

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.

26 955 Wilson Avenue

22 City & State

27 Suite, Apt. #, etc.

Unit 1

23 Zip

Country

28 Zip

Country

Downsview, Ontario

24

25

29

M3K 2A8

30

CA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BANKS, JEANETTE S.
10200 S OCEAN DR 110
JENSEN BEACH FL 34957

81 Name

JOHN P. STANTON, CPA

82 Street Address (P.O. Box Number is Not Acceptable)

6 SABAL COURT

83

84 City

STUART

85

Zip Code

FL

34996

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 *X* *John P. Stanton, CPA* JOHN P. STANTON, CPA

DATE 4/27/99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE

NAME MUZZO, MARCO
STREET ADDRESS 5440 N. OCEAN DR., #PH302
CITY-ST-ZIP RIVIERA BCH., FL 00000

TITLE ST ☒ DELETE

NAME BANKS, JEANETTE
STREET ADDRESS 10200 S OCEAN DR 110
CITY-ST-ZIP JENSEN BEACH FL

TITLE PD ☐ DELETE

NAME DILUCA, PRIMO I.
STREET ADDRESS 4000 N OCEAN BLVD #2103
CITY-ST-ZIP RIVIERA BCH., FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: *X*

SIGNATURE REQUIRED MUZZO

Date

Daytime Phone #

Apr. 30/99

CR2E034 (1/98)