


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90024 043 \*\*\*158.75

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| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # F39482**  
 1. Corporation Name  
**LOU GAETA DEVELOPMENT COMPANY**



|  |  |
|--|--|
| Principal Place of Business<br>4114 NORTHLAKE BLVD. SUITE 101<br>PALM BEACH GARDENS FL 33410 | Mailing Address<br>4114 NORTHLAKE BLVD. SUITE 101<br>PALM BEACH GARDENS FL 33410 |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |                 |   |                 |  |                                       |
|---|-----------------|---|-----------------|--|---------------------------------------|
| 2. Principal Place of Business  |                 | 2a. Mailing Address                                   |                 | 3. Date Incorporated or Qualified<br><b>06/03/1981</b>               |                                       |
| 21 Suite, Apt. #, etc.  | 22 City & State | 26 Suite, Apt. #, etc.                                | 27 City & State | 4. FEI Number<br><b>59-2098090</b>                                   | Applied For<br>Not Applicable         |
| 23 Zip  | 25 Country      | 29 Zip  | 30 Country      | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
| 9. Name and Address of Current Registered Agent   |                 | 10. Name and Address of New Registered Agent          |                 |  |                                       |
| GAETA, LOUIS A. JR.<br>4114 NORTHLAKE BLVD<br>PALM BEACH GARDENS FL 33410   |                 | 81 Name   |                 |  |                                       |
|   |                 | 82 Street Address (P.O. Box Number is Not Acceptable) |                 |  |                                       |
|   |                 | 83  |                 |  |                                       |
|   |                 | 84 City   |                 |  |                                       |
|   |                 |   |                 | 85 Zip Code  | <b>FL</b>                             |
| 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   |  | (NOTE: Registered Agent signature required when reinstating) |  | DATE |  |
| Signature, typed or printed name of registered agent and title if applicable. |  |  |  |      |  |

| 12. OFFICERS AND DIRECTORS |                       |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |                                   |
|----------------------------|-----------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE                      | PD                    | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | GAETA, LOUIS A. J     |                                 | 1.2 NAME  |                                 |                                   |
| STREET ADDRESS             | 528 CORSAIR DRIVE     |                                 | 1.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | N. PALM BCH. FL       |                                 | 1.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      | S                     | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | TREZZA, ARLINE R.     |                                 | 2.2 NAME  |                                 |                                   |
| STREET ADDRESS             | 1302 OCEAN DUNES CIR. |                                 | 2.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | JUPITER FL            |                                 | 2.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | 3.2 NAME  |                                 |                                   |
| STREET ADDRESS             |                       |                                 | 3.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                |                       |                                 | 3.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | 4.2 NAME  |                                 |                                   |
| STREET ADDRESS             |                       |                                 | 4.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                |                       |                                 | 4.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | 5.2 NAME  |                                 |                                   |
| STREET ADDRESS             |                       |                                 | 5.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                |                       |                                 | 5.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | 6.2 NAME  |                                 |                                   |
| STREET ADDRESS             |                       |                                 | 6.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                |                       |                                 | 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]* SIGNATURE REQUIRED **3/26/99** 561 627 1500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)