## 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

					7 00 13 1000 0003 011	shiphala CO OO	
DOCUMENT # F92872  1. Corporation Name					02-13-1999 90026 011	. ***150.00	
FLAGLER MANAGEMENT & DEVELOPMENT, INC.							
					<u> </u>		
Principal Place of Business Mailing Address							
% PEDRO E. VASALLO						,	
MIAMI FL 33158 MIAMI FL 33158				DO NOT WRITE IN	THIS SPACE		
					3. Date Incorporated or Qualifed		
					07/20/1982		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
21		26			59-2205834	Not Applicable	
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
27					C. Flanking Committee Simonsing		
23		28 28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Count	ry	8. This corporation owes the current y		
24	25	— ·	30	•	Personal Property Tax.	. ☐Yes · ☐No	
27	9. Name and Address of Curre				10. Name and Address of New Regis	tered Agent	
			8	1 Name			
VASALLO, PEDRO E				2 Street Address (P.O. Box Number is Not Acceptable)			
	5 SW 72 AVE			0,,000,,000		n vog geren gannen er er er og som ger	
MAIM	MIAMI FL 33158			3	· · · · · · · · · · · · · · · · · · ·		
				4 City	A control of the cont	85 Zip Code	
ar ite g						FL	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute of Florida, Such change was at	es, the about thorized b	ive-named corp ov the corporation	oration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing its registered appointment as registered	
agent: I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	rida Statut	es.	•		
SIGNATURE		ADATE:	Basistand A	gent signature require	d when minetation)	ATE	
12,	Signature, typed or printed name of registered age	ND DIRECTORS	13.	jent signature require	ADDITIONS/CHANGES TO OFFICE		
TITLE	VST	☐ DELETE	1.1 TITLE			Change Addition	
NAME	VASALLO, PETER E.		1.2 NAM	E	,		
STREET ADDRESS	14035 SW 72 AVE		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33158		1.4 CITY	-ST-ZIP			
TITLE	P	☐ DELETE	2.1 TITL!				
NAME	VASALLO, DAWN D			·		Change Addition	
STREET ADDRESS	14035 SW 72 AVE		2.2 NAM			☐ Change ☐ Addition	
CITY-ST-ZIP	14000 011 12 ATL		2.2 NAM			☐ Change ☐ Addition	
	MIAMI, FL 00000 33158		2.2 NAM	E EET ADDRESS			
TITLE		☐ DELETE	2.2 NAM 2.3 STRI	E ET ADDRESS -ST-ZIP		Change Addition	
TITLE NAME		DELETE	2.2 NAM 2.3 STRI 2.4 CITY	EET ADDRESS	· .		
3		DELETE	2.2 NAM 2.3 STRI 2. 4 CIT 3.1 TITU 3.2 NAM	EET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP			2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CIT	E EET ADDRESS  ST-ZIP  E E EET ADDRESS -ST-ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.2 NAM 2.3 STRI 2.4 CIT) 3.1 TITLI 3.2 NAM 3.3 STRI 3.4. CIT) 4.1 TITLI	E EET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			2.2 NAM 2.3 STRI 2.4 CITO 3.1 TITU 3.2 NAM 3.3 STRI 3.4. CITO 4.1 TITU 4.2 NAM	E EET ADDRESS AST-ZIP E EET ADDRESS C-ST-ZIP E EET ADDRESS		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS			2.2 NAM 2.3 STRI 2.4 CIT) 3.1 TITU 3.2 NAM 3.3 STRI 3.4. CIT) 4.1 TITU 4.2 NAM 4.3 STRI	E EET ADDRESS  ST-ZIP  E EET ADDRESS  ST-ZIP  E EEE EEE ADDRESS		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.2 NAM 2.3 STRI 2.4 CITN 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITN 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY	E EET ADDRESS		☐ Change ☐ Addition  Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			2.2 NAM 2.3 STRI 2.4 CIT) 3.1 TITU 3.2 NAM 3.3 STRI 3.4. CIT) 4.1 TITU 4.2 NAM 4.3 STRI	E EET ADDRESS		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME		☐ DELETE	22 NAM 23 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM	E EET ADDRESS		Change Addition  Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	22 NAM 23 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM	E EET ADDRESS		Change Addition  Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MIAMI, FL 00000 33158	☐ DELETE	2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRI 5.3 STRI	E EET ADDRESS  A ST-ZIP  E EET ADDRESS  A ST-ZIP  E EET ADDRESS  - ST-ZIP  E E EET ADDRESS  - ST-ZIP  E E E E ST-ZIP		Change Addition  Change Addition	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Feb 13, 1999 8:00am

**Secretary of State**