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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300000611

CORPA DEVELOPMENT, INC.

Principal Plac	ce of Business	Mailing Address				i i menir sanın desir sanı		11881 1181 1881
347 NEEDLES	TRAIL	347 NEEDLES TRAIL						
LONGWOOD F	L 32779	LONGWOOD FL 32779						
						OT WRITE IN THI	S SPACE	
			·		3. Date Incorporated or C 02/09/1993	lualifed		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			59-3110183_		No	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status De	sired	\$8.75	Additional
22		27			g. Certificate of Status De.	sired	Fee Re	quired
City & State City & State				6. Election Campaign Finance	ancing	\$5.00	May Be	
23		28			Trust Fund Contribution)	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes to	the current year It	ntangible	
24	25	29	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Curre				10. Name and Address of	f New Registered	l Agent	
HEY	DON, JERRY L	J. 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	81	Name				
CU 347	NEEDLES TRAIL		82	Street Addre	ess (P.O. Box Number is Not	Acceptable)		
LON	IGWOOD FL 32779		83					4 . 8 84
						<u> </u>		, t
y side and the engineering	4.0 m.	ner two days and	84	City		FI	85 Zip C	Code
41. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the above	-named corpo	ration submits this statement	for the purpose of	f changing its	registered
Oπice or r	registered agent, or both, in the Stat	e of Florida. Such change was au	thorized by t	ine corporation	n's board of directors. I hereb	y accept the appo	ointment as reç	gistered
agent.la	im tamiliar with, and accept the oblig	ations of, Section 607.0505, Fion	ida Statutes.					
	am familiar with, and accept the oblig	gations of, Section 607.0505, Fion	ida Statutes.					
agent. I a	am familiar with, and accept the oblig			t signature required	when reinstating)	DATE		
	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: ND DIRECTORS			when reinstating) ADDITIONS/CHANGES		ND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered as OFFICERS A	gent and title if applicable. (NOTE:	Registered Agent				ND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered as OFFICERS A CDP HEYDON, JERRY L	gent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent					
SIGNATURE 12. TITLE	Signature, typed or printed name of registered as OFFICERS A CDP HEYDON, JERRY L 347 NEEDLES TRAIL	gent and title if applicable. (NOTE: ND DIRECTORS	13.	t signature required				
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A CDP HEYDON, JERRY L	gent and title if applicable. (NOTE: ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	signature required				
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A CDP HEYDON, JERRY L 347 NEEDLES TRAIL	gent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET	signature required				
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A CDP HEYDON, JERRY L 347 NEEDLES TRAIL LONGWOOD FL 32779	gent and title if applicable. (NOTE: ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET	signature required			Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered as OFFICERS A CDP HEYDON, JERRY L 347 NEEDLES TRAIL LONGWOOD FL 32779 ST	gent and title if applicable. (NOTE: ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST- 2.1 TITLE	t signature required ADDRESS			Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A CDP HEYDON, JERRY L 347 NEEDLES TRAIL LONGWOOD FL 32779 ST HEYDON, JERRY L	gent and title if applicable. (NOTE: ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS ADDRESS			Change	Addition
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14. I hereby certify that the information supplied with this filling 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 repeiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 if chapter on an attachment with an address with all other like employered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90048 043 ***150.00

CR2E034 (11/98)