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
Apr 30, 1999 8:00 am
Secretary of State
04-30-1999 90098 029 ***150.00

DOCUMENT # G52416

1. Corporation Name

HY-MARK DEVELOPERS, INC.

Principal Place of Business	Mailing Address
2850 LAKE WASHINGTON RD SUITE ⅓ 2 MELBOURNE FL 32936 US	2850 LAKE WASHINGTON RD STE ⅓ 2 MELBOURNE FL 32936-7788 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
08/02/1983

4. FEI Number   **59-2349389**   Applied For / Not Applicable

5. Certifcate 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ACKERMAN, MARK 1622 CARDINAL COURT MLEBOURNE FL 32935	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2850 Lake Washington Rd. Suite 2 83 84 City FL 85 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD**	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME **ACKERMAN, HYMIE**		1.2 NAME		
STREET ADDRESS **1817 BRAELOCH CT.**		1.3 STREET ADDRESS		
CITY-ST-ZIP **MAITLAND FL**		1.4 CITY-ST-ZIP		
TITLE **VD**	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME **ACKERMAN, MARK**		2.2 NAME		
STREET ADDRESS 1257 WELLINGTON TERR.		2.3 STREET ADDRESS	751 Lake Worth Circle	
CITY-ST-ZIP **MAITLAND FL**		2.4 CITY-ST-ZIP	Heathrow, FL 32746	
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ 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: _____   Mark D. Ackerman VP   4/26/99   407-259-5001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)