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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H06298

(4)

LA CITA DEVELOPMENT, INC. Principal Place of Business Mailing Address 402 HIGH POINT DR 402 HIGH POINT DR COCOA FL 32826 COCOA FL 32926-6635 3. Date Incorporated or Qualified 3a. Date of Last Report 05/30/1984 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2414995 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PEEPLES, JAMES W., III Name Malcolm R. Kirschenbaum **505 NORTH ORLANDO AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) COCOA BEACH FL 32931 83 402 Zip Code **32926** 84 City 85 00.04 11. Pursuant to the providing 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) ano titic if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition KIRSCHENBAUM, MALCOLM R. NAME 1.2 NAME 402 HIGH PT DR. STREET ADDRESS 1.3 STREET ADDRESS COCOA FL City-ST-ZIP 14 CITY - \$1 - 7IP DELE 1E Change Addition TITLE 21 DILE MCDANIEL, LARRY NAME 22 NAME 402 HIGH PT DR. STREET ADDRESS 23 STREET ADDRESS COCOA FL CITY-ST-ZIP 2, 4 CITY - ST - ZIP DELETE TITLE 31 TITLE Change Addition DIDOMENICO, PATRICK E. NAME 32 NAME 402 HIGH POINT DR. STREET ADDRESS 3.3 STREET ADDRESS COCOA FL CITY-ST-ZIP 34. CITY-ST-ZIP DELETE ☐ Change TITLE 4.1 TITLE Addition NAME 4.2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-7IP DELETE Change Addition TITLE 51 THLE 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CHTY - \$1 - 7IP TITLE DELETÉ Change Addition 6.1111LE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS

14. I do 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 appual 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 perpendicular or this report as required by Chapter 607, Florida Statutes; and that my name