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Secretary of State

04-22-1999 90249 016 ***150.00

0102498

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H24098

1. Corporation Name
MUCCI DEVELOPMENT COMPANY

Principal Place of Business
 1923 WESTPOINTE CIRCLE
 ORLANDO FL 32835
 US

Mailing Address
 1923 WESTPOINTE CIRCLE
 ORLANDO FL 32535
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/05/1984

4. FEI Number
59-2455365 Applied For
 Not Applicable

5. Certificate 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

21 [] 22 [] 23 [] 24 [] 25 []

2a. Mailing Address

26 [] 27 [] 28 [] 29 [] 30 []

9. Name and Address of Current Registered Agent

MUCCI, WAYNE D
 1923 WESTPOINTE CIRCLE
~~SUITE 1100~~ ← **INCORRECT**
 ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name **MUCCI, WAYNE D.**

82 Street Address (P.O. Box Number is Not Acceptable)
1923 WESTPOINTE CIRCLE

83 []

84 City **ORLANDO** FL 85 Zip Code **32835**

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 Wayne D. Mucci DATE 4-19-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE [] DELETE

NAME **PD MUCCI, WAYNE D.**

STREET ADDRESS **1923 WESTPOINTE CIRCLE**

CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE [] Change [] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE [] Change [] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] Addition

6.2 NAME

6.3 STREET ADDRESS

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: Wayne D. Mucci DATE: APRIL 19, 1999 (407) 290-8481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)