FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90096 029 \*\*\*150.00

TERREPORTURAL PROPERTORIO DE PERTORIO DE P

## 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

## DOCUMENT # **H26003**

1. Corporation Name

EDKO DEVELOPMENT, INC.

	-								
Principal Place of Business Mailing Address						1 (88181) Sile (818 816) SOIR SOIS 510 510)	\$1811 61 <b>6</b> 11 <b>9181</b> 1	#18)1 #18(1 1891	
% JAMES W. EI 3010 NE 40TH S FT LAUDERDALI	ST	3010 NE 40TH ST	% JAMES W. EDWARDS 3010 NE 40TH ST FT LAUDERDALE FL 33308			DO NOT WRITE IN TH	IS SPACE		1
						3. Date Incorporated or Qualifed			
						10/17/1984		Cad Fac	ł
2. Principal Pl	ace of Business	H				4. FEI Number	<b>⊢</b>	pplied For ot Applicable	Ì
21	<u> </u>	26				59-2469687		Additional	1
Suite, Apt.	#, etc. 	Suite, Apt. #, et	27			5. Certificate of Status Desired Fee Required			_
City & State		City & State	28			6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip Country		Zip				8. This corporation owes the current year Intangible			
24 25		29				Personal Property Tax.	Yes	<b>X</b> No	$\cdot$
	9. Name and Address of Curr	rent Registered Agent		81	NI	10. Name and Address of New Registere	a Agent		ł
EDW	ARDS, JAMES W.			°'	Name	<u></u>			
	NE 40TH ST			82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
	AUDERDALE FL 33308			83					1
	ACOUNTE LE COOL								1
				84	City	F	L 85 Zip	Code	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change	was authorized	ו עם נ	-named corpo he corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing it ointment as re	s registered egistered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if caplicable	(NOTE: Registered	Agent	signature required	d when reinstating) DATE			١.
		AND DIRECTORS	13.	Agent	aignature require.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	;
TITLE	DVPS	DELE		1.1 TITLE		CONTEST OF THE PROPERTY OF THE	☐ Change		1 :
NAME	EDWARDS, JAMES W		1.2 NA	AME.				·	
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CITY-ST-ZIP	FT LAUDERDALE FL		1.4 Cf	TY-ST-	· ZIP				] 8
TITLE		DELI	ETE 2.1 TI	TLE			☐ Change	☐ Addition	۱ ٔ
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TITLE		☐ DELI	6.2 N				C) criange		
NAME			1		*DDBEEC				Į
STREET ADDRESS	1		0.35	ince)	ADDRESS				1

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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP