**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # HOSO74



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90033 028 \*\*\*150.00

<ol> <li>Corporation</li> </ol>	Name /ELOPMENT CORPORATION				
Principal Place	of Business	Mailing Address			
860 SR 434 N		860 SR 434 N			
STE 7		STE 7		DO NOT MORE IN THIS SPACE	
ALTAMONTE SPRINGS FL 32714		ALTAMONTE SPRINGS FL 32714		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed	
US		US		01/13/1986	
2. Principal Pl	ace of Business	2a. Mailing Address			lied For
21		26		00 20205 ; .	Applicable
Suite, Apt.	e, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 A	
22	27			1 66 1/60	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29 30	<u></u>	T disorial Troporty Tank	□No
	9. Name and Address of Current	Registered Agent	ad at	10. Name and Address of New Registered Agent	
000	IDRAAN SAMIIIARA I		81 Name	auren B. Goodman	
GOODMAN, WILLIAM J.			82 Street	Address (P.O. Box Number is Not Acceptable)	
860 SR 434 N STE 7				50 State Road 434 North, Suite 7	
ALTAMONTE SPRINGS FL 32714			83	•	
			84 City	<b>■■ 85</b> Zip C	ode
			A1	Itamonte Springs   FL     32	714 (
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 fartillar with and accept the obligations of, Section 607.0505, Florida Statutes.					
office or n	egistered agent) or both, in the State of m familiar with and accept the obligati	of Florida. Such change was auth ions of, Section 607.0505, Florida	orized by the corpo a Statutes.	oration's position directors. Thereby accept the appointment as reg	isieres
SIGNATURE			B. Goodma	2 /3 3 7/0 0	
SIGNATURE	Signature, typed or printed name of registered agent		gistered Agent signature re	equired when reinstating) DATE	70.0010
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	Addition 3
TITLE	TD	☐ DELETE	1.1 TITLE	V/T/D ∰ Change Goodman, Michael A.	☐ Addition
NAME	GOODMAN, MICHEAL A		1.2 NAME	860 State Road 434 North, Suite 7	1 3
STREET ADDRESS	860 SR 434 N STE 7		1.3 STREET ADDRESS	Altamonte Springs, FL 32714	]
CITY-ST-ZIP	ALTAMONTE SPRGS. FL		1.4 CITY-ST-ZIP		
TITLE	PD	□ DELETE	2.1 TITLE	☐ Change	Addition \
NAME	GOODMAN, WILLIAM J.		2.2 NAME		1
STREET ADDRESS	860 SR 434 N STE 7		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	3.1 TITLE	P/D ∑ Change	☐ Addition
NAME	GOODMAN, LAUREN B.		3.2 NAME	Goodman, Lauren B.	
STREET ADDRESS	860 SR 434 N STE 7		3.3 STREET ADDRESS	860 State Road 434 North, Suite 7	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		3.4. CITY-ST-ZIP	Altamonte Springs, FL 32714	·
TITLE	VD	☐ DELETE	4.1 TITLE	V/S/D ☑ Change	☐ Addition
NAME	GOLD, SCOTT		4. 2 NAME	Gold, H. Scott	
STREET ADDRESS	860 SR 434 N STE 7		4.3 STREET ADDRESS	860 State Road 434 North, Suite 7	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		4.4 CITY-ST-ZIP	Altamonte Springs FT 32714	
TITLE		☐ DELETE	5.1 TITLE	Change	☐ Addition
NAME			5.2 NAME		}
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	. Change	☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURA Fauren BR Goodman, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99 (407) 788-6555