Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90043 032 ***150.00

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 # **J48818**

1. Corporation Name

ALFIE DEVELOPMENT CORP.

	\$										
Principal Place of Business Mailing Address								(1981216 0111 01001 10161 10161 11P	JI 1817 DIBIL 61		11811 E1811 1881
222 LAKEVIEW	AVE.	222 L	222 LAKEVIEW AVE.				i	•			
STE. #260 STE. #260								DO NOT WRITE IN THE CRACE			
W. PALM BEACH FL 33401 W. PALM BEACH FL 33401							-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
US		บจ						12/24/1986	•		
- D-111 D	lake of Divisions	10- 1	foiling Address					12/24/1900 4. FEI Number		Δn	plied For
2. Principal Place of Business 2a. Mailing Addres				655				59-2761125		_ 	t Applicable
21 26 Suite. Apt. #, etc. Suite, Apt. #				# etc				3 3- 2701123		\$8.75	
Suite, Apt. #, etc.			J				.	5. Certificate of Status Desired		- Fee Re	
			City & State			-+	6. Election Campaign Financing		\$5.00	May Be	
23		⊢	28					Trust Fund Contribution		Added	, ,
Zip	Country	-	Zip Country			-+	This corporation owes the curre	nt year int	angible		
24	25	29					- 1	Personal Property Tax.			
	9. Name and Address of Curre		red Agent					10. Name and Address of New R	egistered	Agent	
				8	1	Name					
KOE	PPEL, JOEL P.			8:	+	04	A -1 -1	s (P.O. Box Number is Not Acceptal	nlo\		
222 LAKEVIEW AVENUE				0.	1	Street	Address	s (F.O. Box Number is Not Acceptat	,10,		
SUITE 260				8:	83						
WES	ST PALM BEACH FL 33401				1						
	•			8-	4	City			FL	85 Zip	Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. ations of, S	Such change was a section 607.0505, Floi	uthorized b	y ti s.	he corpo	oration's	s board of directors. I nereby accept	the appoin	ntment as re	gistered
Cignition, types of participants and the Company of					13.			ADDITIONS/CHANGES TO OFF		ID DIRECTO	PRS IN 12
TITLE	DP		DELETE	1,1 TITLE		Ι	T^{T}	NADATION STRUCTURES TO STA		Change	☐ Addition
NAME	KLEIN, SHERYL G.		_	1.2 NAME							1
STREET ADDRESS	AND LAKENSTIN AVENUE MOO)				ADDRESS					ļ
	WEST PALM BEACH FL	•		1,4 CITY-		Į.	1				{
CITY-ST-ZIP TITLE	WEST TALIN DENOTTE		☐ DELETE	2.1 TITLE		211	 			Change	Addition
NAME			–	2.2 NAME		İ					ľ
						ADDRESS					
STREET ADDRESS				2.4 CITY				والمعلومة الدفواء المالهمية المالية والأمالين			
TITLE			DELETE	3.1 TITLE	_	- 2.11	 			Change	☐ Addition
NAME			_	3.2 NAME							1
STREET ADDRESS	1			1		ADDRESS					
				3.4. CITY		i	1	•			
CITY-ST-ZIP TITLE		_	☐ DELETE	4,1 TITLE	_					Change	Addition
NAME			_	4. 2 NAM		ļ					[
STREET ADDRESS						ADDRESS					
	1			4.4 CITY-							
CITY-ST-ZIP TITLE		_	☐ DELETE	5.1 TITLE			 			Change	☐ Addition
NAME				5.2 NAME						-	
STREET ADDRESS				5.3 STRE	ET/	ADORESS					Ì
	•			5.4 CITY-		1					
CITY-ST-ZIP TITLE		_	☐ DELETE	6.1 TITLE			 			Change	☐ Addition
NAME				6.2 NAME	:						ļ
OTDEET ADDDERG				e a ette	ET /	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 suppliemental 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.

6.4 CITY-ST-ZIP



STREET ADDRESS

CITY-ST-ZIP

