FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State . DIVISION OF CORPORATIONS

DOCU 1. Corporation	MENT	· #	J59052	2 (7)							
		TA DE	VELOPMENT	CORPORATION							
Principal Plac	Mailing Address	•					L OHANY ONDYN OLDUN	ENERT DIEH IDDI			
140 N.E. 20	8TH AVEENU	Е		140 N.E. 28TH AVEEN	UE						
APT. #308				APT. #308				DO NOT WRITE IN TH	IC CDACE		
POMPANO BEACH FL 33062 US				POMPANO BEACH FL 33062 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
"				••					02/24/1987		I
2. Principal Place of Business				2a, Mailing Address				4. FEI Number	T A	pplied For	
11 2470 SE 11ST				26 2470 SE 115+				59-2807498		ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired	
City & Stat		Bert	FL.	ity & State	bo#,	FL			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip		Coul	ntry	Zip	Co	untry	`-		8. This corporation owes or has pald the	current year Ir	tangible
24 330		25	USA	29 33062	30	US	<i>≤</i> Ar		Personal Property Tax due June 30.		□ No
			fress of Current	Registered Agent		81	Name		10. Name and Address of New Registere	d Agent	
GUITARD, PAUL							Name				
C/O TOWN & COUNTRY TITLE G&E 3200 UNIVERSITY DR, SUITE 209						82	Street A	Addres	ss (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33065						83					
`	, , , , , , , , , , , , , , , , , , ,		2 00000			84	0.1			1==1 7:=	Carla
1						64	City		F	L 85 Zip	Code
11. Pursuant	to the provi	sions of Se	ections 607.0502	and 607,1508, Florida Statu	tes, the r	above	-named	corpo	ration submits this statement for the purpose on's board of directors. I hereby accept the	of changing	its registered
agent. I a	ım familiar v	vith, and a	ccept the obligat	lions of, Section 607.0505, Fl	orida Sta	atutes	6.	OIBRO	in a board of directors. Thereby decept the c	ppointment a	registeree
SIGNATURE	El-state bene		ame of registered agen	ANO Landanda ANO	TC Decistor		at als ant us		t when reinstating) DATE		
12.	Signature, type	O DI PRINCECI N	OFFICERS AND		13.		int signatore		ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
TITLE	PST			☐ DELETE	1.1	IITLE		75	75	Change	Addition
NAME	GUITA	ard, pal	JŁ		1.20	MAME		an	Hard Akul		
STREET ADDRESS	1		1 AVEENUE		1.3	STREET	ADDRESS	ay	170 SE 1131		
CITY-ST-ZIP	POM	PANO BE	ACH FL 33062			CITY-S		<u> Po</u>	mpano BCIT, FL 3306		
TITLE	P		61	DÉLETE	1	TITLE			•	☐ Change	Addition
NAME		ARD, PAL	JL I AVEENUE			NAME					
STREET ADDRESS			AVEENUE ACH FL 33062	•	- 1		address				
CITY-ST-ZIP TITLE	I Omi	AITO DE	MOIT IL GOODE	. DELETE	3.1	CITY-S	51 - ZIP			Change	Addition
NAME	i					NAME	ĺ				
	l				3.2						
STREET ADORESS							ADDRESS				
	<u> </u>				3.3.5						
STREET ADDRESS				☐ DELETE	3.3.5 3.4.	STREET		·•·		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				☐ DELETE	3.3.5 3.4. 4.1.1	STREET CITY-5		<u>.</u>		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE			· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3.3 3 3.4. 4.11 4. 2 4.3 3	CITY-S CITY-S CITLE NAME STREET	ST-ZIP ADDRESS	- -		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					3.3.5 3.4. 4.1 4.2 4.33 4.41	CITY-S CITY-S CITLE NAME STREET CITY-S	ST-ZIP ADDRESS	•			
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE				☐ DELETE	3.3.5 3.4. 4.11 4. 2 4.3.5 4.4.0 5.11	CITY-S CITY-S TITLE NAME STREET CITY-S	ST-ZIP ADDRESS	<u>.</u>		☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					3.3.5 3.4. 4.1.1 4. 2 4.3.5 4.4.0 5.1.1 5.2.1	CITY-S LITLE NAME STREET CITY-S LITLE NAME	ADDRESS 1-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					3.3 \$ 3.4. 4.11 4.2 4.3 \$ 4.40 5.11 5.21 5.3 \$	CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS 1-zip Address	-			
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					3.33 3.4. 4.11 4.22 4.33 4.4(5.11 5.21 5.33 5.4(CITY-S LITLE NAME STREET CITY-S LITLE NAME	ADDRESS 1-zip Address				

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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

GU ITARD

04/02/98

FILED

Apr 14 1998 8:00am

Secretary of State