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 # **J79880**

1. Corporation Name

MEADOWLAND DEVELOPMENT CORP.

Principal Place of Business	Mailing Address		
O 80X 83-2052 ELRAY BEACH FL 33483-0252	P O BOX 83-2052 DELRAY BEACH FL 33483-0252		
2. Principal Place of Business	2a. Mailing Address		
2. Principal Place of Business 21 Suite, Apt. #, etc.	— ·		

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90114 050 ***158.75

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DELRAY BEACH					j				
					DO NOT WRI	TE IN THIS	SPACE		
					Date Incorporated or Qualifed				
					06/25/1987				
2. Principal Pla	ace of Business	2a, Mailing Address			4, FEI Number		Apr	olied For	
21		26			59-2830847		Not	Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Ж	\$8.75 A		
City & State		City & State			6. Election Campaign Financing		\$5.00	May Bo	
23		28			Trust Fund Contribution		Added to		
Zip	Country	Zip	_ Country	/	8. This corporation owes the current year Intangible				
24	25	29 3	10		Personal Property Tax. ☐ Yes ☐ No				
	9. Name and Address of Currer	it Registøred Agent			10. Name and Address of New	Registered a	Agent		
			81	Name				.	
	CH, WILLIAM R.		82	Stroot Ad	dress (P.O. Box Number is Not Accept	ahle)	·		
1220	S OCEAN BLVD		62	Sileer Au	dress (r.o. box rumber is not recept			Ì	
DELF	RAY BEACH FL 33484		83						
			84	City			85 Zip C	ode	
	_		[1	<u> </u>	FL	. [- [
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abov	e-named co	rporation submits this statement for the	purpose of	changing its	registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autitions of Section 607.0505. Florid	norizeo by da Statutes	the corpora	ation's board of directors. I hereby acce	hr me abbon	Rillont as reg	Jistorea	
	The territory will be and doops to oblige								
SIGNATURE	Signature, typed or printed name of registered age.	nt and title if applicable. (NOTE: F	Registered Age	nt signature requ	ired when reinstating)	DATE)	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME	SEACH, DAVID R.		1.2 NAME					}	
	1220 S OCEAN BLVD			TADDRESS				ļ	
STREET ADDRESS			1.4 CITY-5					i	
CITY-ST-ZIP		Decient		SI-ZIP			Change	Addition	
TITLE	VD								
NAME		PLACIT, WILLIAM 11.		22 NAME				1	
STREET ADDRESS	1220 S OCEAN BLVD.		2.3 STREE	TADDRESS				.	
CITY-ST-ZIP	DELRAY BEACH FL2		2.4 CITY-	\$T-ZIP				- Addition	
ΠΤLE	SD	☐ DELETE	3.1 TITLE	}			Change	Addition	
NAME	SEACH, MARILYN G.		32 NAME						
STREET ADDRESS	1220 S OCEAN BLVD		3.3 STREE	T ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL		3.4. CITY-	ST-ZIP					
TITLE	AS	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition	
NAME	SEACH, KAREN		4. 2 NAME						
STREET ADDRESS	12677 WHITE CORAL DR.			T ADDRESS					
•	_		4.4 CITY-5						
CITY-ST-ZIP	W. PALM BEACH FL	☐ DELETE	5.1 TITLE	31-21	3. 1 4.3 2		Change	☐ Addition	
TITLE	VD		5.1 HILE 5.2 NAME						
NAME	SEACH, MARK R.			T ADDRESS				ŀ	
STREET ADDRESS	12677 WHITE CORAL DR.								
CITY-ST-ZIP	W PALM BCH FL		5.4 CITY-5	ST-ZIP					
TITLE	AS	☐ DELETE	6.1 TITLE				☐ Change	Addition	
NAME	SEARCH, JANET		6.2 NAME		Janet Seach (spe	ĺling	corre	ction)	
STREET ADDRESS			6.3 STREE	ET ADDRESS	_			1	

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 Speiver 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 adachment with an address, with all other like empowered.

SIGNATURE: