

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J88039**

Corporation Name

1999

3-D DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address							
9575 OVERSEAS HWY MARATHON FL 33050 US		9575 OVERSEAS HWY MARATHAN FL 33050 US		DO NOT WRITE IN THIS SPACE			
			<u>.</u>		3. Date Incorporated or Qualifed 08/12/1987		
Principal Place of Business 2a. Mailing Addre			SS		4. FEI Number		lied For
21 26					59-2837775		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	├ ─ ┐		5. Certificate of Status Desired	\$8.75 Ac Fee Req	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	· 1	
[20]		28 Zin	Zip Country		8. This corporation owes the current year Ir		71003
	25	29 3	_ ´		Personal Property Tax.		⊒No ¹
24	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registered	Agent	
	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		81	Name			
WRIGHT, THOMAS D.				Stroot Add	ress (P.O. Box Number is Not Acceptable)		
5701 OVERSEAS HIGHWAY			82	Street Aud	ress (F.O. Box Number is Not Acceptable)		
SUITE 17			83				
MARATHON FL 33050			84	City		85 Zip Ci	ode
			111		FI	LII	
l office or ri	to the provisions of Sections 607.090 egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered ager	of Florida, Such change was autitions of, Section 607.0505, Florid	nonzed by la Statutes	tne corporati	poration submits this statement for the purpose con's board of directors. I hereby accept the appointment of the purpose of th	ointment as reg	istered
12	12. OFFICERS AND DIRECTORS			gistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		ND DIRECTOR	RS IN 12
TITLE	D DELETE		1.1 TITLE			Change	Addition
NAME	DESANCTIS, EUGENIO		1.2 NAME				1
STREET ADDRESS 9575 OVERSEAS HWY			1.3 STREET ADDRESS				į
CITY-ST-ZIP	MARATHON FL		1.4 CITY-S				
TITLE		DELETE 2.1				☐ Change	Addition
NAME			2.2 NAME			•	ļ
STREET ADDRESS			2.3 STREE	TADORESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP -			
TITLE	☐ DELETE 3.1		3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME			•	
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4 CITY :	ST-ZIP		Change	Addition
TITLE			4.1 TITLE			Change	L] Addition
NAME			4.2 NAME				
STREET ADDRESS				TADDRESS			ł
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		Change	Addition
TITLE			5.1 TITLE 5.2 NAME				
NAME			t	T ADDRESS			
STREET ADDRESS			5.4 CITY-S	1			
CITY-ST-ZIP			J.7 OH 17 3				

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.

6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

2/26/99

(305) 743-9142

☐ Change

☐ Addition

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90088 003 ***150.00

R2E034 (11/98)