May 05, 1999 8:00 am Secretary of State

05-05-1999 90184 013 \*\*\*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 # J94263

1. Corporation Name

3925 SOUTH DEVELOPMENT CORP.

Principal Plac	Mailing Address SOUTH NOVA RD. ORANGE FL 32127  PORT ORANGE FL 32127  rincipal Place of Business  2a. Mailing Address 2b.  uite, Apt. #, etc.  Suite, Apt. #, etc.							1100 JUL BIBIL DIS	it minti nini	i BIBIL 8(81) 145)
3921 SOUTH N	OVA RD.	3921 SOUTH NOVA RD.	3921 SOUTH NOVA RD.							
PORT ORANGE	FL 32127	PORT ORANGE FL 32127	PORT ORANGE FL 32127			Ì	DO NOT WRITE IN THIS SPACE			
						-	3. Date Incorporated or Qualifed		J-ACE	
							09/21/1987			
2. Principal P	lace of Business	2a. Mailing Address				-	4. FEI Number		-TT	Applied For
11		26				59-2859202			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75	Additional
22		27					5. Certificate of Status Desired		Fee f	Required
City & Stat	te	City & State					<ol><li>Election Campaign Financing</li></ol>			🕽 May Be 📗
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip	`			8. This corporation owes the current			ngible Yes	□No
24	25   9. Name and Address of Curr	.  29  ant Registered Agent	30	_			Personal Property Tax.  O. Name and Address of New			
	3. Name and Address of Con-	Ant regiotores Agent		81	Name		V. Hallie and Alexander of the		.90	
SLIGER, STEPHEN B.							(DO Down Number of Street Association)			
3921 S. NOVA RD.				82	Street	t Address	ess (P.O. Box Number is Not Acceptable)			
POR	T ORANGE FL 32127			83	,	,				
				City	,	FL 85 Zip Code				
office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Stat im familiar with, and accept the oblig Signature, typed or printed name of registered as	e of Florida. Such change was ations of, Section 607.0505, Fluent and title if applicable. (NOT	authorize orida Stai E: Registere	d by tutes.	the corp	poration's	board of directors. I hereby acce	pt the appoint	tment as a	registered
12.		ND DIRECTORS	13.		· ·	1	ADDITIONS/CHANGES TO O	FICERS AND		
TITLE	_								☐ Change	e
NAME	SLIGER, STEPHEN B. 3921 S NOVA ROAD			IAME	1000500	_				
STREET ADDRESS	PORT ORANGE FL				ADDRESS	٥				
CITY-ST-ZIP	FORT ORANGE FL	☐ DELETE	1.4 CITY		-212	+			Change	Addition
NAME				IAME						
STREET ADDRESS			1		ADDRESS	s				1
CITY-ST-ZIP				CITY-S						
TITLE		☐ DELETE	3.1 TITLE			†			Change	Addition
NAME			3 2 N	AME						
STREET ADDRESS			3.3 S	TREET	ADDRESS	s				
CITY-ST-ZIP			3.4. 0	CITY-ST	T-ZIP					
TITLE		☐ DELETE	4.1 T	TLE					Change	Addition
NAME			4.21	AME						
STREET ADDRESS			4.3 S	TREET	ADDRESS	s				
CITY-ST-ZIP			_	ITY-ST	-ZIP	-				
TITLE		☐ DELETE	5.1 T						☐ Change	e
NAME	••		5.2 N		ADDOCCO					
STREET ADDRESS			1		ADDRESS	9				
CITY-ST-ZIP		☐ DELETE	5.4 C	ITY-ST	-212		<u> </u>		Change	Addition
TITLE			6.2 N						change	: Addition
NAME	1		0.216			1				I

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

HATURE NEGULATED IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR