## 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

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90074 026 \*\*\*158.75

## 

DOCUMENT #.  1. Corporation Name	<b>K</b> 1	6855
WOODSIDE DEVELO	DMEN	T INC

	Mailing Address				•			
C O TOTAL BUSINESS SOLUTIONS	C O ERNESTO SANCHEZ.	P.A.						
33 SE 7TH ST. STE G 814 PONCE DE LEON BLVD. STE 505			DO NOT WRITE IN THIS SPACE					
BOCA RATON FL 33432	CORAL GABLES FL 33134							
US					3. Date Incorporated or Qualifed			
					03/02/1988		1 1	tied For
2. Principal Place of Business	2a. Mailing Address				4. FEI Number			olied For
21	26				65-0046393			Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	<b>6.75</b> A Fee Red	dditional quired
City & State	City & State		-		6. Election Campaign Financing	9	5.00	May Be
·	28				Trust Fund Contribution		Added to	
Zip Country	Zip	Cou	ntrv		8. This corporation owes the current year	Intangir	ile	
<del>-,</del> -'	29	30	o. This corporation area are a reality and a reality are a reality and a reality are a reality and a reality are a			□No		
24 25 9. Name and Address of Current		1301	1		10. Name and Address of New Registers	d Ager	nt	
9. Name and Address of Current	registered Agent		81	Name			_	
SANCHEZ, ERNESTO PA		i						
814 PONCE DE LEON BLVD. STE 505		. [	82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
		ľ	1					
CORAL GABLES FL 33134			83					
			84	City		. 8:	Zip C	ode
				•		<u>`L</u>	.	
<ol> <li>Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation</li> </ol>	Florida. Such change was a	aumorizea	וו עט נ	-named corp the corporation	ioration submits this statement for the purpose on's board of directors. I hereby accept the ap	or chan pointme	nt as reç	pistered
SIGNATURE		· · · · · ·	A1	-it	od when reinstating) DATE			\
Signature, typed or printed name of registered agent a		13.	Agent	signature require	ADDITIONS/CHANGES TO OFFICERS	AND D	RECTO	RS IN 12
12. OFFICERS AND	□ DELETE	1.1 TI	TI E	<del>-</del> 1	PRODUCTION OF WATER CO. T. C.		Change	Addition
TITLE DP	LJ DELETE					_	- •	_
NAME SPIELBERGER, LADISLAUS		1.2 NA					_	ì
STREET ADDRESS 153 E. PALMETTO PARK RD.			TREET /	ADDRESS				
CITY-ST-ZIP BOCA RATON FL 33432								ł
			TY-ST-	-ZIP			Chango	Addition
TITLE DVPS	☐ DELETE	1.4 Cf 2.1 Tf		-ZIP			Change	Addition
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NAME KEME, GEORGE STREET ADDRESS 153 E. PALMETTO PARK RD. BOCA RATON FL 33432  TITLE VP NAME SPIELBERGER, NICHOLAS		2.1 TIT 22 N/ 2.3 ST 2.4 CI 3.1 TIT 3.2 N/	TLE AME TREET TTY-ST TTLE AME	ADDRESS :				
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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 angular 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 of 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

(305) 441-2040