Mar 24, 1999 8:00 am Secretary of State

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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 # K64300 1. Corporation Name

| | | DEVELOPMENTS, | IN IO |
|---------------|--------------------|-------------------|-------|
| | () SEMENTED LIVE | DEVICE COMENIX | INI . |
| DIK AN VIII I | LALMVIIVID DI AIMU | TALALIALIAN MININ | |
| | | | |

| ROCKVII | LLE COMMERCIAL DEVELOP | MENTS, INC. | | | |
|---------------------------|--|----------------------------------|---------------------------------------|--|--|
| ! ! | | | | | |
| j | | | | | |
| Principal Plac | e of Business | Mailing Address | | | |
| 7125 RIVERWO | OOD DR | % CHRISTOPHER J. FADDEN | | | |
| | COLUMBIA MD 21046 2210 S. FRONT ST. #104 | | | DO NOT WRITE IN THIS SPACE | |
| US i | | MELBOURNE FL 32901 US | | 3. Date Incorporated or Qualifed | |
| ! | • | 00 | | 02/03/1989 | 1 |
| 2 Principal P | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| i | -lace of Edsiriess | | AVENUE | 59-2931246 | Not Applicable |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | 11121000 | | \$8.75 Additional |
| 22 | . #, 616. | 27 | _ | 5. Certificate of Status Desired | Fee Required |
| City & Stat | te | City & State | · · · · · · · · · · · · · · · · · · · | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 INDIALANTIC | -, FLORIDA | Trust Fund Contribution | Added to Fees |
| Zip i | Country | Zip | Country USA | 8. This corporation owes the current year Intar | |
| 24 | 25 | 32903 ₃₀ | | Personal Property Tax. | ☐ Yes ✓ No |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registered A | gent |
| | NOTE | | 81 Name | | |
| | FADDEN, CHRISTOPHER J. | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | |
| 2210 S. FRONT STREET #104 | | 421 | | | |
| MEL | Bourne FL 32901 | | 83 | | . ' |
| ' | | | 84 City | | 85 Zip Code |
| : | | | [·] (N) | DIALANTIC FL | 32903 |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes | the above-named corp | poration submits this statement for the purpose of c | nanging its registered ment as registered |
| office or i | registered agent, or both, in the State of am familiar with/and accept the obligation | ons of, Section 607.0505, Florid | a Statutes. | on's board of directors. I hereby accept the appoint | 1 |
| SIGNATURE | | · | | 3/18/ | 99 |
| | Signature, typed by printed name of registered agent | | egistered Agent signature require | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AND | Change Addition |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | |
| NAME | FADDEN, B.J. | | 1.2 NAME | | |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | | 1.4 CITY-ST-ZIP | | Change Addition |
| TITLE ; | VD | ☐ DELETÉ | 2.1 TITLE | | |
| NAME | FADDEN, CHRISTOPHER J. | | , 2.2 NAME | | |
| STREET ADDRESS | I . | | 2.3 STREET ADDRESS | | |
| _ CITY-ST-ZIP | MELBOURNE FL 32901 | DELETE | 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE I | ST | | 3.1 TITLE | | |
| NAME | FADDEN, CHRISTOPHER J. | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | ☐ DELETÉ | 3.4. CITY-ST-ZIP 4.1 TITLE | | Change Addition |
| TITLE | | | 4.1 IIILE 4.2 NAME | | Street, Street |
| NAME · | i | | #.ZIVAME | | |

TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ DELETE

☐ Change

Change

☐ Addition

Addition