

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 OCT 12 AM 10:33

DOCUMENT # **K64607** (0)

1. Corporation Name  
**DOMINION DEVELOPMENT CORPORATION II**

Principal Place of Business  
**2201 SAWGRASS VILLAGE DRIVE  
VEDRA BEACH FL 32202**

Mailing Address  
**POST OFFICE BOX 2105  
PONTE VEDRA BEACH FL 32004  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/09/1989**

4. FEI Number

**59-2941502**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**BRANT, MOORE, SAPP, MACDONALD & WELLS, PA  
SUITE 3100 BARNETT CENTER  
50 NORTH LAURA STREET  
JACKSONVILLE FL 32201**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☐ DELETE  
NAME **KASHOU, JAMES**  
STREET ADDRESS **2201 SAWGRASS VILLAGE DR**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE **P** ☐ DELETE  
NAME **KASHOU, JOHN**  
STREET ADDRESS **2201 SAWGRASS VILLAGE DR**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE **AVP** ☐ DELETE  
NAME **KASHOU, BRAHIM**  
STREET ADDRESS **2201 SAWGRASS VILLAGE DR**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE **AS** ☐ DELETE  
NAME **HASHOU, CATHERINE N**  
STREET ADDRESS **2201 SAWGRASS VILLAGE DR**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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.

SIGNATURE:

**REQUIRED**

**April 28<sup>th</sup> 1998**

Date Daytime Phone # 0018073

CR2E034 (10/97)