PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K70349**

1. Corporation Name

CITY-ST-ZIP

RAVENSDALE DEVELOPMENT, INC.

Principal Place	of Business	Mailing	Address				***************************************				
703 GREENS AVE			703 GREENS AVE								
WINTER PARK FL 32789			WINTER PARK FL 32789				DO NOT WRITE IN THIS SPACE				
US		US	US			-	. Date Incorpor				
						١ ٠.	03/06/198			•]
		0. 14-9	ite a Addroom				FEI Number	J	<u>-</u>		applied For
2. Principal Pla	ace of Business	├ ─┐	ling Address			**	59-293923	22			lot Applicable
21			26			- -	09-290920	<u>) </u>			Additional
Suite, Apt. #	#, etc.	} -1	Suite, Apt. #, etc.			5.	. Certifcate of :	Status Desired			Required
22		27				- -					· ·
City & State	•	—	City & State			6.	 Election Cam Trust Fund C 		g 🗆		May Be to Fees
23		28		Country	,				reset veet Inter		10.000
Zip	Country	Žip	<u></u>	٦ .		8.	Personal Pro		rrent year Intarر ال	Z Yes	□No
24	25	29	30	<u> 1 — — </u>		10			v Registered A		
	9. Name and Address	or Current Registered	Agent	81	Nam	-	, Hallo dio A	01 1101	g		
DULIN, RAMSEY W.				"	110111	_					
	S. ORANGE AVE		82 Street A			t Address (I	P.O. Box Numb	ber is Not Acce	ptable)		{
								_			
	E 1080										
UHL	ANDO FL 32801			84	City					85 Zip	Code
					1				FL		
11. Pursuant i	to the provisions of Section egistered agent, or both, in	s 607.0502 and 607.15	508, Florida Statutes,	the abov	e-name	d corporation	on submits this	statement for t	he purpose of c	nanging it	is registered
office or re agent. I ar	egistered agent, or both, in m familiar with, and accept	the obligations of, Sec	tion 607.0505, Florid	a Statutes	3.	poradion's b	oard or directo	is. Thereby ac-	sopi ale appoin		9,213,77
SIGNATURE	Signature, typed or printed name of r	egistered agent and title if annix	cable (NOTE: Re	gistered Age	nt signatur	e required when	reinstating)		DATE		
12.		ICERS AND DIRECTO		13.			ADDITIONS/C	HANGES TO	OFFICERS AND	DIRECT	ORS IN 12
TITLE	PSD		DELETE	1.1 TITLE						☐ Change	e 🔲 Addition i
NAME	MOORE, SCOTT V			12 NAME							
STREET ADDRESS	703 GREENS AVE			1.3 STREE	T ADDRES	is					Í
	WINER PRK FL 32789			1.4 CITY-5		1					
CITY-ST-ZIP TITLE	VIII COLICO		DELETE	2.1 TITLE	,, <u></u>					Change	Addition
1			_	2.2 NAMÉ							
NAME				2.3 STREE	TANNES	:e				•	
STREET ADDRESS						~					
CITY-ST-ZIP			☐ DELETÉ	2.4 CITY-	\$1.ZIP					Change	Addition
TITLE				3.1 TITLE						3	_
NAME				3.2 NAME		,,					1
STREET ADDRESS				3.3 STREE		85					
CITY-ST-ZIP			□ DC: ETF	3.4. CITY-	ST-ZIP	-				☐ Change	e Addition
TITLE			☐ DELETE	4.1 TITLE							
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREE	TADDRES	ss					
CITY-ST-ZIP				4.4 C(TY-5	ST-ZIP						
TITLE			☐ DELETE	51 TITLE						Change	e
NAME				5.2 NAME							I
STREET ADDRESS				5.3 STREE	T ADDRES	SS					
CITY-ST-ZIP				5.4 CITY-5	ST-ZIP						
TITLE		· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITLE						☐ Change	e 🗌 Addition
NAME				6.2 NAME							•
STREET ADDRESS				6.3 STREE	T ADDRES	ss					
CITY-ST-ZIP				6.4 CITY-5	ST-ZIP						
140 T-30*/IP				_							

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.

Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90004 023 ***150.00