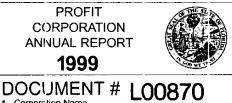
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

SOLOVEY DEVELOPMENT CORPORATION

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90117 033 ***150.00

											Hell H	Bil Bick IDA
Principal Place	e of Business	Mailing Address										
10922 NW 13 P		P.O. BOX 17446										
PLANTATION FL 33322			PLANTATION FL 33318				DO NOT WRITE IN THIS SPACE					
US US						-	2 170	ate Incorporated or Qualifed		OI ACL		
						'		7/07/1989				ļ
O Deineinel D	llees of Dusiness	2a. Mailing Address						I Number			LAgr	lied For
<u> </u>	lace of Business	<u>⊢</u> -				1	65-0144715			<u> </u>	Apr lied For Not Applicable	
21		26				- +	OC.	070144710		to-		
Suite, Act.	#, etc.	Suite, Apt. #, etc.				+	5 . Ce	ertificate of Status Desired		•		dditional uired
22		27 City 6 Chats										
City & State		— ·	City & State									/lay Be Fees
23	0	28		ountry							Jen it	rees
Zip	Courtry	* 	$\overline{}$	Outility			•-	nis corporation owes the curr	ent year in	angible Yes		XÎNo
24	25	29	30	-				ersonal Property Tax. ame and Address of New I	Panietare d			3(140
	9. Name and Addres	ess of Current Registered Agent		81	Name		U, Na	ame and Address of New I	vegistert u	Agent		
SOL	OVEY, JOSEPH			"	Ivaille	•						
10922 NW 18 PLACE				82	Street	t Address	(P.O.	Box Number is Not Accepta	able)			
PLANTATION FL 33322												
FLAN	VIATION PL 33322			83								
				84	City					85	Zip C	ode
					•				FL	-	•	
office or re agent. La	egistered agent, or both,	tions 607.0502 and 607.1508, Florida Statut, in the State of Florida. Such change was a ept the obligations of, Section 607.0505, Flo	uthoriz	zed by	the corpo	o corporat poration's	board	d of directors. I hereby acce	ot the appoi	ntment a	s reg	istered
SIGNATUF:E	Signature, typed or conted name	e of registered agent and title if applicable (NOT	: Registe	red Agen	l signature r	required whe	en reinst	tating)	DATE			— I
12.		OFFICERS AND DIRECTORS	Ť1	3.			ADE	DITIONS/CHANGES TO OF	FICERS AN	ID DIRE	CTO	RS IN 12
TITLE	D	☐ DELETE		1 TITLE		T				Cha		Addition
NAME	SOLOVEY, JOSEPH	1	1:	2 NAME		+						
STREET ADDRESS	10922 NW 18TH PL				ADDRESS 1							
	PLANTATION FL 33		ŀ	4 CITY-S1]						i
CITY-ST-ZIP TITLE	TEMINION IE GO	DELETE	_	1 TITLE	-211	-				☐ Cha	nge	Addition
				2 NAME						_	•	-
NAME												
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STREET ADDRESS			3.3	3 STREET	ADDRESS	S						
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STREET ADDRESS			6.3	3 STREET	ADDRESS	s						
CITY-ST-ZIP				4 CITY-ST								
GILT-ST-ZIP	i			• .								

14. I heret y certify that the informa ion 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 signat are 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 changes, or on an attackment with an address, with all other like empowered.

SIGNATURE: _

JOSEPH SOLOVEY

954-370 -8148 Davime Phone #