


**FILED**  
**Jun 18, 1999 8:00 am**  
**Secretary of State**

06-18-1999 90011 003 \*\*\*150.00

09-23-1999 90006 036 \*\*\*400.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L17148</b> 1. Corporation Name <b>PEBBLE DEVELOPMENT CORP.</b>			
Principal Place of Business 30500 NORTHWESTERN HWY STE 200 FARMINGTON HILLS MI 48334-177 US		Mailing Address <del>222 SOUTH WESTMONTE DR</del> <del>STE 210</del> ALTAMONTE SPRINGS FL 32714 US	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 24.		2a. Mailing Address 26. <i>P.O. Box 160845</i> 27. <i>Altamonte Springs</i> 28. <i>32716-0845</i> 29. <i>Sevier County</i> 30.	
3. Date Incorporated or Qualified <b>09/20/1989</b>		4. FEI Number <b>59-2968020</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		DO NOT WRITE IN THIS SPACE	
9. Name and Address of Current Registered Agent <b>PHILIP TATICH, ESQUIRE</b> <b>TATICH-DOWSON-CHIPLEY-PYLES &amp; LOONEY P.A.</b> <b>601 SOUTH LAKE DESTINY RD STE 200</b> <b>MAITLAND FL 32751</b>		10. Name and Address of New Registered Agent 81. Name <b>Philip Tatich, Esquire</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>341 N. Maitland Ave. Ste 340</b> 83. 84. City <b>Maitland</b> <b>FL</b> 85. Zip Code <b>32751</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	GRENADIER, CARL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	17348 W TWELVE MILE RD, STE 204	1.2 NAME	
CITY-ST-ZIP	SOUTHFIELD MI	1.3 STREET ADDRESS	
TITLE	STD <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIBERSON, WILLIAM I.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	26699 W 12TH MILE S-200	2.2 NAME	
CITY-ST-ZIP	SOUTHFIELD MI	2.3 STREET ADDRESS	
TITLE	VPD <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRENADIER, CHARLES	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	17348 W 12TH MILE S-204	3.2 NAME	
CITY-ST-ZIP	SOUTHFIELD MI	3.3 STREET ADDRESS	
TITLE	VPD <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTOR, JOSEPH	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4972 SHORELINE CIRCLE	4.2 NAME	
CITY-ST-ZIP	SANFORD FL	4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE AND ADDRESS OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/1/99* *407 682 6940*  
 Date Daytime Phone #

CR2E034 (11/98)