## 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** 

## FILED Mar 24, 1999 8:00 am Secretary of State 03-24-1999 90048 010 \*\*\*158.75

	-
DOCUMENT# M29502	)

Corporation Name

TEAM LAND DEVELOPMENT, INC.					
				<b>     </b>	<b>9</b> 1( <b>4)(1)(1)</b> (
· · · · · ·	g Address				
600 FAIRWAY DR   600 FA   STE 101   STE 10	NRWAY DR				
	FIELD BCH FL 33441		DO NOT WRITE IN TH	IIS SPACE.	
US US			3. Date Incorporated or Qualifed		
			03/26/1986		
2. Principal Place of Business 2a. Ma	ailing Address		4. FEI Number	<u> </u>	lied For
21 1132 NE 48th St 26	1132 NE 48t	th_St	59-2659430		Applicable
<u>├</u>	uite, Apt. #, etc.	•	5. Certificate of Status Desired - X	. <b>\$8.75</b> Ad	
22	ity & State	<del></del>	6. Election Campaign Financing	\$5.00	<u>`</u>
23 Pompano Bch, FL 28	Pompano Bch	1. FT.	Trust Fund Contribution	Added to	,
Zip , Country Zip	p C	Country	8. This corporation owes the current year	Intangible	
24 33064 25 USA 29	33064 30	USA	Personal Property Tax.	Yes _	□No
Name and Address of Current Registere	ed Agent		10. Name and Address of New Registers	d Agent	
CODDINGTON, RONALD J.		81 Name	ald J. Coddington		
600 FAIRWAY DR		82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
SUITE 101		113	32 NE 48th Street		
DEERFIELD BEACH FL 33441		83			
DEETH INCOME SOUTH		84 City D.C	ompano Bch F	85 Zip C	064
A4 Discount As the association of Sections 507 0502 and 607	1E09 Florido Statutos the				
11. Pursuant to the provisions of Sections 607.0502 and 607. office or registered agent, or both, in the State of Florida. agent. I am familiar with, and accept the obligations of, Se	Such change was authorized	ized by the dorporation	n'e board of directors. I hereby accept the ap	pointment as reg	istered
agent. I am familiar with, and accept the obligations of, Se	ction 607.0505, Florida Si	otaxutes.		2 .~ 6	~ ~ ·
	$\alpha$ $\sim \alpha \alpha \alpha \gamma$				<b>7</b> (
SIGNATURE Signature, typed or printed name of registered agent and title if app	Olicabia. NOTE: Fégista	tere Paent signature require	nan-	<u> </u>	19
Signature, typed or printed name of registered agent and title if app  12. OFFICERS AND DIRECTI	ors y	tere haent signature require 13.	nan-		19 RS IN 12
Signature, typed or printed name of registered agent and title if app  12. OFFICERS AND DIRECT  TITLE DP	ORS ,	· <del>7</del> — — — — — — — — — — — — — — — — — — —	prien festivativa) DATE	AND DIRECTOR  Change	17
12. OFFICERS AND DIRECTO TITLE DP NAME CODDINGTON, RONALD	ORS DELETE 111	13. 1 TITLE 2 NAME	prien festivativa) DATE		19 RS IN 12
12. OFFICERS AND DIRECTO TITLE DP NAME CODDINGTON, RONALD STREET ADDRESS 600 FAIRWAY DR, SUITE 101	ORS 1.1	1/3. .1 TITLE 2 NAME .3 STREET ADDRESS	prien festivativa) DATE		19 RS IN 12
12. OFFICERS AND DIRECTO TITLE DP NAME CODDINGTON, RONALD STREET ADDRESS 600 FAIRWAY DR, SUITE 101 POMPANO BEACH FL 33064	ORS   1.1   1.2   1.3   1.4   1.4   1.5   1.4   1.5	1/3.  1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	prien festivativa) DATE	Change	RS IN 12
12. OFFICERS AND DIRECT TITLE DP CODDINGTON, RONALD STREET ADDRESS 600 FAIRWAY DR, SUITE 101 CITY-ST-ZIP POMPANO BEACH FL 33064 TITLE VPST	ORS   10   12   13   14   14   15   16   17   17   18   17   18   18   18   18	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE	prien festivativa) DATE		19 RS IN 12
12. OFFICERS AND DIRECT  TITLE DP  NAME CODDINGTON, RONALD  STREET ADDRESS 600 FAIRWAY DR, SUITE 101  CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST  NAME CRAMER, BONNIE S.	ORS   11   12   13   14   15   16   17   17   17   17   17   17   17	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME	prien festivativa) DATE	Change	RS IN 12
12. OFFICERS AND DIRECTOR  TITLE DP  NAME CODDINGTON, RONALD  STREET ADDRESS 600 FAIRWAY DR, SUITE 101  POMPANO BEACH FL 33064  TITLE VPST  NAME CRAMER, BONNIE S.  STREET ADDRESS 600 FAIRWAY DR, SUITE 101	ORS   10   11   12   13   14   14   15   16   16   17   17   17   18   17   18   18   18	13.  1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 3 STREET ADDRESS	prien festivativa) DATE	Change	RS IN 12
12. OFFICERS AND DIRECTOR  TITLE DP  NAME CODDINGTON, RONALD  STREET ADDRESS 600 FAIRWAY DR, SUITE 101  CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST  NAME CRAMER, BONNIE S.  STREET ADDRESS 600 FAIRWAY DR, SUITE 101  POMPANO BEACH FL 33064	ORS   10   12   13   14   14   15   16   17   17   18   17   18   18   18   18	13. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME	prien festivativa) DATE	Change	RS IN 12
TITLE DP CODDINGTON, RONALD STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 TITLE VPST NAME CRAMER, BONNIE S. STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 TITLE VPST CRAMER, BONNIE S. STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 TITLE VPST TITLE VPST CRAMER BONNIE S. STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 TITLE VPST	ORS   11   12   13   14   15   15   16   16   17   17   17   17   17   17	13.  1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	prien festivativa) DATE	☐ Change	RS IN 12 Addition
12. OFFICERS AND DIRECTOR  TITLE DP  NAME CODDINGTON, RONALD  STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST  CRAMER, BONNIE S.  STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST  CRAMER, BONNIE S.  STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST  TITLE VPST  CRAMER, BONNIE S.  STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064	ORS   11   12   13   14   15   15   16   16   16   16   16   16	13.  1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE	prien festivativa) DATE	☐ Change	RS IN 12 Addition
12. OFFICERS AND DIRECTOR  TITLE DP  NAME CODDINGTON, RONALD  STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST CRAMER, BONNIE S. STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST WEILER, LELAND H.	ORS   11   12   13   14   15   15   16   16   17   17   17   17   17   17	13.  1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME	prien festivativa) DATE	☐ Change	RS IN 12 Addition
12. OFFICERS AND DIRECTOR  TITLE DP CODDINGTON, RONALD  STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST  NAME CRAMER, BONNIE S.  STREET ADDRESS GOO FAIRWAY DR, SUITE 101  POMPANO BEACH FL 33064  TITLE VPST  CRAMER, BONNIE S.  STREET ADDRESS GOO FAIRWAY DR, SUITE 101  POMPANO BEACH FL 33064  TITLE VPST  WEILER, LELAND H.  1132 NE 487H ST.	ORS   11   12   13   14   15   15   16   16   17   17   17   17   17   17	13.  1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 13 STREET ADDRESS	prien festivativa) DATE	☐ Change	RS IN 12 Addition
12. OFFICERS AND DIRECTOR  TITLE DP CODDINGTON, RONALD  STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST  CRAMER, BONNIE S.  STREET ADDRESS GOO FAIRWAY DR, SUITE 101  POMPANO BEACH FL 33064  TITLE VPST  CRAMER, BONNIE S.  STREET ADDRESS GOO FAIRWAY DR, SUITE 101  POMPANO BEACH FL 33064  TITLE VPST  WEILER, LELAND H.  1132 NE 487H ST.  CITY-ST-ZIP POMPANO BEACH FL 33064	ORS   11   12   13   14   15   15   16   16   16   16   16   16	13.  1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 3 STREET ADDRESS 4 CITY-ST-ZIP 4 CITY-ST-ZIP 5 STREET ADDRESS 4 CITY-ST-ZIP	prien festivativa) DATE	☐ Change	RS IN 12 Addition Addition
12. OFFICERS AND DIRECTOR  TITLE DP CODDINGTON, RONALD  STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST NAME CRAMER, BONNIE S. STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST NAME STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VP- WEILER, LELAND H.  STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VP- WEILER, LELAND H.  1132 NE 487H ST. POMPANO BEACH FL 33064	ORS   11   12   13   14   15   15   16   16   16   16   16   16	103.  1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 13 STREET ADDRESS 14 CITY-ST-ZIP 11 TITLE 13 STREET ADDRESS 14 CITY-ST-ZIP 11 TITLE	prien festivativa) DATE	☐ Change	RS IN 12 Addition Addition
12. OFFICERS AND DIRECTOR  TITLE DP CODDINGTON, RONALD  STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST NAME CRAMER, BONNIE S. STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST NAME STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VP- WEILER, LELAND H.  STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VP- WEILER, LELAND H.  1132 NE 487H ST. POMPANO BEACH FL 33064	ORS   11   12   13   14   15   15   16   16   16   16   16   16	103.  1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 1 STREET ADDRESS 14 CITY-ST-ZIP 1 STREET ADDRESS 14 CITY-ST-ZIP	prien festivativa) DATE	☐ Change ☐ Change ☐ Change	Addition  Addition
12. OFFICERS AND DIRECTOR  TITLE DP CODDINGTON, RONALD  STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST NAME CRAMER, BONNIE S. STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST NAME STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VP- NAME WEILER, LELAND H.  STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE NAME STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE NAME STREET ADDRESS	ORS   11   12   13   14   15   15   16   16   16   16   16   16	103.  1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 1 TITLE 13 STREET ADDRESS 14 CITY-ST-ZIP 1 TITLE 13 STREET ADDRESS 14 CITY-ST-ZIP 1 TITLE 13 TITLE 14 TITLE 15 TITLE 16 TITLE 17 TITLE 18 TITLE 18 TITLE 18 TITLE 18 TITLE 18 TITLE	prien festivativa) DATE	☐ Change	RS IN 12 Addition Addition
12. OFFICERS AND DIRECTORY  TITLE DP CODDINGTON, RONALD  STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST NAME CRAMER, BONNIE S. STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST NAME STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VP- NAME STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VP- NAME STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE NAME STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064	ORS   11   12   13   13   14   15   15   16   16   16   16   16   16	103.  1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 1 TITLE 2 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 1 TITLE 2 NAME 13 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 11 TITLE 12 NAME 12 NAME	prien festivativa) DATE	☐ Change ☐ Change ☐ Change	Addition  Addition
12. OFFICERS AND DIRECTORY  TITLE DP CODDINGTON, RONALD 600 FAIRWAY DR, SUITE 101 POMPANO BEACH FL 33064  TITLE VPST CRAMER, BONNIE S.  STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST CRAMER, BONNIE S.  STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VP NAME STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VP NAME STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORS   11   12   13   14   15   15   16   16   16   16   16   16	103.  1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 1 TITLE 2 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 1 TITLE 2 NAME 13 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 13 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 13 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 13 TITLE 14 STREET ADDRESS 15 STREET ADDRESS 15 STREET ADDRESS 15 STREET ADDRESS	prien festivativa) DATE	☐ Change ☐ Change ☐ Change	Addition  Addition
12. OFFICERS AND DIRECTORY  TITLE DP CODDINGTON, RONALD  STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST NAME CRAMER, BONNIE S. STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST NAME STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VP- NAME STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VP- NAME STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORS   1.1   DELETE   1.1   1.3   1.4   1.5   2.5   2.5   3.6   3.7   DELETE   4.1   4.5   4.5   5.5   5.5	103.  1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 1 TITLE 2 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY-ST-ZIP 16 TITLE 17 NAME 18 STREET ADDRESS 18 CITY-ST-ZIP 18 STREET ADDRESS 19 STREET ADDRESS 19 STREET ADDRESS 10 STREET ADDRESS	prien festivativa) DATE	Change	Addition  Addition  Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	ORS   1.0   1.1   1.2   1.2   1.3   1.4   1.5	1.1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1.1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.1 TITLE 1.1 TITLE	prien festivativa) DATE	☐ Change ☐ Change ☐ Change	Addition  Addition
12. OFFICERS AND DIRECTORY  TITLE DP CODDINGTON, RONALD  STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST NAME CRAMER, BONNIE S. STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VPST NAME STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VP- NAME STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE VP- NAME STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064  TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORS   1.1   DELETE   1.1   1.2   1.3   1.4   1.5   2.7   2.7   2.7   2.7   2.7   3.7   3.7   3.7   3.7   3.7   4.7   4.7   5.7   5.7   5.7   5.7   5.7   5.7   6.7	103.  1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 1 TITLE 2 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY-ST-ZIP 16 TITLE 17 NAME 18 STREET ADDRESS 18 CITY-ST-ZIP 18 STREET ADDRESS 19 STREET ADDRESS 19 STREET ADDRESS 10 STREET ADDRESS	prien festivativa) DATE	Change	Addition  Addition  Addition

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: