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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M78939

(9)

1. Corporation Name FLORIDA EAST COAST DEVELOPMENT, INC. Principal Place of Business Mailing Address 13833 E14 WELLINGTON TRACE 13833 E-14 WELLINGTON TRACE						
WELLINGTON FL 33414		#202				
US		WELLINGTON FL 3	3414			
		U\$		3. Date Incorporated or Qualified 04/25/1988	3a. Date of Last Re 02/23/1996	eport
····	Place of Business	2a. Mailing Addr	ess	4. FEI Number		plied For
21		26		65-0060391	No	t Applicable
Suite, Apt	#, etc.	Suite, Apt. #,	etc.	5. Certificate of Status Desired	\$8.75	
City & Sta	to	City & State			Fee Re	<u> </u>
23	ne.	26		Election Campaign Financing Trust Fund Contribution	\$5.00	
Zip	Country	Zip	Country	8. This corporation has liability for in	Added to	
24	25	29	30		Yes No	199.032,
	9. Name and Address of Curre	nt Registered Agent	hāāl	10. Name and Address of New Reg	istered Agent	
GOLI	dstein, Jerald A.		81 Name			
7000 W PALMETTO PK ROAD #300 BOCA RATON FL 33433			83 30/	Idress (P.O. Box Number is Not Acceptable)	e) (6/	
			84 000	4 RATON	FL 85 Zip C	レス/
office or	rto the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblic	e of Florida. Such chan	te was authorized by the corpor	orporation submits this statement for the paration's board of directors. I hereby accep	urpose of changing its t the appointment as i	s registered registered
SIGNATURE						
	Signature typed or printed name of registered to		(NOTE Registered Agent signature rec		DATE	
12.	UFFICERS AF	ND DIRECTORS	13. LETE 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 12
NAME	PICONCELLI, JOSEPH R		1.2 NAME	er.	Change	Abbilitat
STREET ADDRESS	13356 WREVHAM CT		1.3 STREET ADDRESS	wellington pr.	Aur	
CITY - ST - ZIP	WELLINGTON FL		1.4 CITY - ST - ZIP	Lially atom bed	20111	
TITLE				Weller Till Pt.	23019	
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NAME		☐ DE	LETE 2.1 TIFLE 22 NAME	meningrap pr		Addition
		☐ DE	2.1 TIFLE 2.2 NAME	peningrap pr		Addition
NAME		□ DE	LETE 2.1 TIFLE	penistrop pr		Addition
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SIGNATURE

DO PRINTED NAME OF SHORING OFFICER OF DIRECTOR