

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

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90068 047 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000008184**

1. Corporation Name

**CITONY DEVELOPMENT CORPORATION**



Principal Place of Business 201 SOUTH BISCAYNE BLVD., 1500 MIAMI CNTR. MIAMI FL 33131	Mailing Address 201 SOUTH BISCAYNE BLVD., 1500 MIAMI CNTR. MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 999 Brickell Avenue Suite, Apt. #, etc. 22 Suite 700 City & State 23 Miami, FL Zip 24 33131		2a. Mailing Address 26 999 Brickell Avenue Suite, Apt. #, etc. 27 Suite 700 City & State 28 Miami, FL Zip 29 33131		3. Date Incorporated or Qualified 11/23/1992	
				4. FEI Number 65-0384649	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD 1500 MIAMI CENTER MIAMI FL 33131				10. Name and Address of New Registered Agent 81 Name Sharon Hummerhielm 82 Street Address (P.O. Box Number is Not Acceptable) 999 Brickell Avenue, Suite 700 83 84 City Miami FL 85 Zip Code 33131			
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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 Sharon Hummerhielm, Asst. Sec & Registered Agent  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DSP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAM, ANTONY			1.2 NAME			
STREET ADDRESS	201 SOUTH BISCAYNE BLVD., 1500 MIAMI CNTR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				2.2 NAME	Assistant Secretary		
STREET ADDRESS				2.3 STREET ADDRESS	Sharon Hummerhielm		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	999 Brickell Avenue, Suite 700		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Sharon Hummerhielm, Asst. Sec. 4/29/99 305-579-0999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)