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

DOCUMENT # P92000010054

LAFAYETTE DEVELOPMENT CORPORATION

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90087 042 ***150.00



Principal Place	of Business	Mailing Addres	SS						
595 BAY ISLES RD 595 BAY ISLES RD			RD						
STE #120	1	STE #120				DO NOT WRITE IN THIS SPACE			
LONGBOAT KEY	' FL 34228		LONGBOAT KEY FL 34228						
US	1	US	US			3. Date Incorporated or Qualifed			
	i 					12/04/1992			
2. Principal Pl	ace of Business	2a. Mailing Ad	dress			4. FEI Number	⊢	pplied For	
21	İ	26				65-0374819		ot Applicable	
Suite, Apt. i	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	•	Additional	
22	1	27				3. Certificate of Status Desired	Fee R	equired	
City & State	<u> </u>	City & Stat	ie			6. Election Campaign Financing	\$5.00	May Be	
23	1	28				Trust Fund Contribution	Added	to Fees	
Zip	Country		Zip Country			8. This corporation owes the current year Intangible			
	25	29	30	•		Personal Property Tax.	Yes	□No	
24		of Current Registered Agen				10. Name and Address of New Registered	gent		
	5. Name and Address	On Carrent Augustoned August		81	Name				
FRIN	, JOHN P								
	BAY ISLES RD			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	#120			00		- <u>ターカーは、こうではられ</u> - ターカー 1985年1日 1日 1	<u>γ</u>	1 # 14 14 15 1 15 1 15 1 15 1 15 1 15 1	
				83				生調翻算	
LUN	GBOAT KEY FL 34228			84	City			Code	
					•	<u>FL</u>			
11. Pursuant	to the provisions of Section	ns 607.0502 and 607.1508, Flo	orida Statutes, the	above	-named corp	poration submits this statement for the purpose of	changing it	s registered	
Office or r	onietorod agont or both tr	i the State of Florida. Such cha t the obligations of, Section 60	ande was autriorize	su uv i	uie corporau	on's board of directors. I hereby accept the appoir	illiiciil as r	egistered	
ा ३७ agent. । ai ार्	m tamiliar with, and accept	title obligations of Section 60	7.0000, 1 101102 010			,		1	
SIGNATURE	Classifies hand or printed came of	registered agent and title if applicable.	(NOTE: Register	ed Agent	t signature require	od when reinstating) DATE			
12.		ICERS AND DIRECTORS	13		<u>*</u>	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	
TITLE	PDS		DELETE 1.1	TITLE	·	. 3	Change		
	EBIN, JOHN P.	_		NAME				}	
NAME	595 BAY ISLES RD. S	OTE #100			ADDRESS				
STREET ADDRESS	1	DIE # 120							
CITY-ST-ZIP	LONGBOAT KEY FL			CITY-ST	I-ZIP		Change	Addition	
TITLE	VTD	لياً		TITLE					
NAME	ebin, eileen m		2.2	NAME				{	
STREET ADDRESS	595 BAY ISLES RD, S	STE #120	2.3	STREET	ADDRESS				
CITY-ST-ZIP	LONGBOAT KEY FL		2.4	CITY-S	T-ZIP				
TITLE	V		DELETE 3.1	TITLE			☐ Change	Addition	
NAME .	POEHLER JOSEPH (3	3.2	NAME				1	
100 (0.75)	BOX 124	-	33	STREET	ADDRESS	3. N	randa La	A 69.55 87.83 E	
STREET ADDRESS	WATERVILLE MN			CITY-S		Section 1			
CITY-ST-ZIP	MAICHAILTE MIA			TITLE	1ZIF			Addition	
TITLE		_							
NAME	. 53			NAME				Ļ	
STREET ADDRESS		* .			ADDRESS			1	
CITY-ST-ZIP				CITY-S	T-ZIP			Addition	
TITLE			1	TITLE	ì		Change	- Modition	
NAME			5.2	NAME		4		}	
STREET ADDRESS			5.3	STREET	T ADDRESS				
CITY-ST-ZIP	P96 +		5.4	CITY-S	T-ZIP				
TITLE	1337 7	Γ.	DELETE 6.1	TITLE			☐ Change	Addition	
	500 800	· ·		NAME					
NAME	17 m - 17 12				TADORESS			1	
STREET ADDRESS			1						
OFF OF 710	1 × 3 %		6.4	CITY-S'	T-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 regiver of 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 or an agreement with an address, with all other like empowered.

SIGNATURE: