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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000012226 (5)

Country

· XL DEVELOPMENTS, INC.

Principal Place of Business 440 15TH AVENUE SOUTH NAPLES FL 33940

2. Principal Place of Business

Suite, Apt. #. etc.

City & State

23

Mailing Address

2a. Mailing Address

City & State

Suite Apt # etc.

26

27

28

440 15TH AVENUE SOUTH NAPLES FL 33940

FILED May 08 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

02/08/1993 4. FEI Number

65-0393438

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Zip		Country	Zi	p	\bot	Country		This corporation owes or has paid the current year Intangible
24		25 29 30		30	<u> </u>		Personal Property Tax due June 30. 🔏 Yes 🗌 No	
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name								
PELC, ANTOINETTE							Name	,
440 15TH AVENUE SOUTH						62	Street	t Address (P.O. Box Number is Not Acceptable)
NAPLES FL 33940								
						83		
						84	City	85 Zip Code
						"		FL S Z D COOR
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.								
SKIGNATURE								
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Ag							nt signature	re required when reinstaling) DATE
12,		OFFICER	IS AND DIRECTO		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THLE	D			☐ DELETE		TITLE		Change Addition
NAME		/ACLAW M			1.2	NAME		
STREET ADDRESS					1.3	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES	FL 33940			1.4 CIT		r-ZIP	
TITLE	D			2.1	2.1 TITLE		Change Addition C	
NAME		ntoinette			2.2	NAME		
STREET ADDRESS		H AVE SO			23	STREET	ADDRESS]
CITY-ST-ZIP	NAPLES					CITY-S	T-ZIP	
TITLE	D	DELETE 3:		3.1	3.1 TITLE		Change Addition	
NAME		MHITLEY S			3.2	NAME		
STREET ADDRESS		rrest lane			3.3	STREET	ADDRESS	
CITY-ST-ZIP	NAPLES	FL 33940			3.4.	CITY-S	T-ZIP	
TITLE	D			☐ DELETE	4.1	TITLE		Change Addition
NAME		Brenda R			4.2	NAME		
STREET ADDRESS		PRREST LANE			4.3	STREET	ADDRESS	,
CITY ST-ZIP	NAPLES	FL 33940			_	CITY - ST	-ZIP	
TITUE				DELETÉ	5.1	TiTLE		Change Addition
NAME					5.21	NAME		
STREET ADDRESS					5.3	STREET /	NDDRESS	}
CITY - ST - ZIP				<u></u>	5.4	CITY - ST	- ZIP	
TITLE				DELETE	6.1	TITLE		Change Addition
NAME					6.2	NAME		
STREET ADDRESS					6.3	STREET	ADDRESS	1
CITY-ST-ZIP						CITY-ST		
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								
SIGNATURE: autor nelle lela ANTOINETTE PELC 4/25/78 949-484 8444								

Country