

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  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90021 015 \*\*\*150.00

DOCUMENT # P93000034261

1. Corporation Name

STRYKER HOMES DEVELOPMENT CORPORATION

Principal Place of Business

7433 NW 8TH TERR  
BOCA RATON FL 33487  
US

Mailing Address

7433 NE 8TH TERR  
BOCA RATON FL 33487  
US

2. Principal Place of Business

21 305 S. ANDREWS AVE

Suite, Apt. #, etc.

22 SUITE 801

City & State

23 FT. LAUDERDALE, FL

Zip

24 33301

Country

25 US

2a. Mailing Address

26 305 S. ANDREWS AVE

Suite, Apt. #, etc.

27 SUITE 801

City & State

28 FT. LAUDERDALE, FL

Zip

29 33301

Country

30 US

9. Name and Address of Current Registered Agent

KIPNIS, ALAN  
1 FINANCIAL PLAZA  
STE 2308  
FT LAUDERDALE FL 33394

3. Date Incorporated or Qualified

05/10/1993

4. FEI Number

65-0495798

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐

Yes

☒

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME VOGEL, THOMAS A.  
STREET ADDRESS 7433 NE 8TH TERRACE  
CITY-ST-ZIP BOCA RATON FL

TITLE S ☐ DELETE

NAME COLSON, EDWARD JR.  
STREET ADDRESS 4931 NE 29TH AVE  
CITY-ST-ZIP LIGHTHOUSE POINT FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 305 S. ANDREWS AVENUE  
1.4 CITY-ST-ZIP FT. LAUDERDALE FL 33301

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034 (11/98)