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 # P9300050674

1. Corporation Name

MIRADA DEVELOPMENT COMPANY

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90113 031 ***150.00



						<u> </u>		(BBIF BIB) (BB)	
Principal Place of Business Mailing Address									
8320 CANARY PALM COURT 8320 CANARY PALM COURT									
SARASOTA FL 34238		SARASOTA FL 34238			- 1	DO NOT WRITE IN THIS SPACE			
					<u> </u>		3FACE		
						3. Date Incorporated or Qualifed 07/23/1993			
						4. FEI Number	1 1 6-	wlind For	
2. Principal Place of Business		2a. Mailing Address	¬ *				<u> </u>	pplied For	
21		26				65-0428741		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬ '			5. Certificate of Status Desired	\$8.75 / Fee.Re		
22		27							
City & State		<u> </u>	City & State			6. Election Campaign Financing	\$5.00	May Be to Fees	
23		28				Trust Fund Contribution		lo rees	
Zip	Country	Zip	_, _	′		8. This corporation owes the current year Inta	ngible Yes	□ No	
24	25	29 30	<u>0 </u>			Personal Property Tax. 10. Name and Address of New Registered A		المنع	
	9. Name and Address of Current	Registered Agent	81	Name		IV. Name and Address of New Registered A	. Weitr	_	
STRO	DDE, WILLIAM C		"	INGILIE					
720 S. ORANGE AVENUE			82	Street /	Address	(P.O. Box Number is Not Acceptable)			
	ASOTA FL 34236								
SAN	4301A FE 34230		83						
			84	City		Fi	85 Zip	Code	
				L		<u>FL</u>		-oniotorod	
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	- Land 1999	trock				319199			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				nt signature n	equired whe		DIDECT	DDC IN 12	
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS ANI	Change	☐ Addition	
TITLE	P	☐ DELETE	1.1 TITLE		1				
NAME	DONOVAN, JOHN		1.2 NAME						
STREET ADDRESS	8320 CANARY PALM CT		1.3 STREE	TADDRESS			•		
CITY-ST-ZIP	SARASOTA FL 34238		1.4 CITY-S	T-ZIP	ļ.——				
TITLE	D DELETE 2.1 TI		2.1 TITLE				☐ Change	Addition	
NAME	LLOYD, CHRISTOPHER 2					,			
STREET ADDRESS	s P.O. BOX 344, OPREY HOUSE 5 OLD ST.			TADDRESS		·			
CITY-ST-ZIP	ST. HELIER NJ		2. 4 CITY-	ST-ZIP		,			
TITLE		☐ DELETE	3.1 TITLE	· 7			. Change	Addition	
NAME			3.2 NAME	,			٠,		
STREET ADDRESS			3.3 STREE	TADDRESS		•			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		<u> </u>			
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition	
NAME	}		4. 2 NAME						
STREET ADDRESS	•		4.3 STREE	TADDRESS					
CITY-ST-ZIP			4.4 CITY- S						
TITLE		☐ DELETE	5.1 TITLE		1		Change	Addition	
NAME			5.2 NAME			•			
STREET ADDRESS			5.3 STREE	TADORESS					
			5.4 CITY-S	T-ZIP					
CITY-ST-ZIP TITLE			6.1 TITLE		-		☐ Change	Addition	
			6.2 NAME				-	ļ	
NAME			i .	T ADDRESS				1	
STREET ADDRESS			6.4 CITY-5						
CITY-ST-ZIP			0.4 011112	/1.7 TIE	1			i	

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:

ME OF SIGNING OFFICER OR DIRECTOR