Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90133 005 \*\*\*158.75

## 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 # **P93000052210**

1. Corporation Name

MAGNUM PROPERTY DEVELOPMENT CORPORATION				) I Prosperi no ipioe didi benk sany prin orte	I BELLA ELGEN KANN KENER KARL HARL
Principal Place	of Business	Mailing Address			E BENTA TENEN EINN TENETE NACH LAND
1280 NE 48TH ST 1280 NE 48TH ST					
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064				DO NOT MENT IN THIS	3 0D4 CF
				DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE
	•			07/23/1993	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0428556	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired	\$8.75 Additional
22		27		5, Octabate of Otation Debuted	Fee Required
City & State	• · · · · · · · · · · · · · · · · · · ·	-City & State	.`	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	itangible
24	[25]	· _	10	Personal Property Tax.	No
	9. Name and Address of Current			10. Name and Address of New Registered	Agent
81 Name TAM				TAMES FRENEDICA	
DIMARIA, ALBERT				ress (P.O. Box Nymber is Not Acceptable)	
1280 NE 48TH ST				280 NE 48TH ST	•
POMPANO BCH FL 33064			83	,	}
84				SHARING BELOW EL	85 Zip Code
The Division of Sections 607 0503 and 607 1509. Florida Statutes the above named compared				poration submits this statement for the purpose of	of changing its registered
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		Registered Agent signature require	ERESERICO DATE	<del>/                                    </del>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	CO	☐ DELETE	1.1 TITLE		Change
NAME .	DI MARIA, ALBERT		1.2 NAME	111	Ì
STREET ADDRESS	740 NE 28TH AVENUE		1.3 STREET ADDRESS	NTO SE 11TH ST. DEEDFIELD BEACH FI	. 33444
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	DEEDELELD BEACH FI	Change Addition
TITLE	PTO MARKE	☐ DELETE	2.1 TITLE		Change
NAME	FREDERICO, JAMES		2.2 NAME		
STREET ADDRESS	3779 NW 52ND STREET BOCA RATON FL		2.3 STREET ADDRESS	7101 2349L	
CITY-ST-ZIP	- EVPD	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	217, 33 11 <del>+</del>	Change Addition
TITLE	RAMOS, OSIRIS	□ DECEIE	3.3 INCE 3.2 NAME		
NAME	5945 SE GENERAL LEE TERRA	CF	3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	STUART FL	· <del></del>	3.4. CITY-ST-ZIP	21P: 3499	7
TITLE I	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FULTON, PENNY		4. 2 NAME		
STREET ADDRESS	1280 NE 48TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL 33064		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		ł
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP	li .		5.4 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 earn establishment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

954-785-2020

☐ Change

☐ Addition