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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000052414 (8)

FELSON DEVELOPMENT & CONSTRUCTION, INC.

Principal Place of Business Mailing Address						- + 1001/1001 110 10100 11111 00111 00111 00111 00111 00111	#1110 11011 <b>4</b> 1901	1011 2101 1001
304 YATCH	HAR <b>B</b> OR	304 YATCH HARBOR						
OSPREY FL 34292		OSPREY FL 34229		DO NOT INDITE IN THIS COACE				
US US						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
Ì						07/27/1993		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	A	pptied For
21		26				59-3194574		lot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22 C# 8 State		City & State						Required
City & State		City & State		6. Election Campaign Financing		May Be		
Zip Country		Zip Country			Trust Fund Contribution   8. This corporation owes or has paid the		to Fees	
24	25 29		30	<del></del>		Personal Property Tax due June 30.		No No
	9. Name and Address of Curre		1991			10. Name and Address of New Registers		
FELIZ, RAMON				B1	Name			
304 YATCH HARBOR DR.			16	B2	Street Addre	Iress (P.O. Box Number is Not Acceptable)		
09	SPREY FL 34229							
			6	83				
[			8	34	City		<b>85</b> Zip	Code
11. Pigeuant	to the provisions of Sections 607 05	02 and 607 1508. Florida Stati	utes the sho	2)/9-1	named corpo	pration submits this statement for the purpose	<u>►</u>	ite registered
Office or	registered agent, or both, in the State	e of Florida Such change was	authorized	by 1	the corporatio	on's board of directors. I hereby accept the a	ppointment as	s registered
	art tertinar with, and accept the oblig	gations of, Section 607.0505, i	TIDITO Statu	ies.				
SIGNATURE	Signature, typed or printed name of registered ag	jour and title if applicable (NC	OTF Registered A	Agent	I signature required	d when reinstating) DATE		_
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	DELETE 1.1			1		Change	□ Addition
NAME	FELIX, RAMON	1.2 NAME						
STREET ADDRESS	5125 KESTRAL PK PL	1.3 STREET ADDR		- 1				
CITY-ST-ZIP TITLE	SARASOTA FL	☐ DELETE	1.4 CITY-ST-ZIP  DELETE 2.1 TITLE		· ZIP		Change	Addition
NAME	FELIX, MICHAEL			2.2 NAME			Change	∐ ∧ooliioii
STREET ADDRESS	1212 LAUREL PINE CIR				DDRESS			
CITY-ST-ZIP	NOKOMIS FL				1			
TITLE	DELETE			2. 4 CITY - ST - ZIP 3.1 TITLE			Change	Addition
NAME	<del></del>		3.2 NAM		1		Land Orlango	
STREET ADDRESS			3.3 STRE		DDRESS			
CITY-ST-ZIP	1		3 4. CITY	Y-ST-	-ZIP			
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4.2 NAM	ΜĒ				
STREET ADDRESS	RESS 433		4.3 STRE	EET AI	DDRESS			
CITY-ST-ZIP			4.4 CITY	'-ST-	ZIP			
TITLE	DELETE 5.1		5.1 TITLE	E			Change	Addition
NAME			5.2 NAM	\$E				
STREET ADDRESS	<u> </u>		5.3 STRE	EET AI	DDRESS			
CITY-ST-ZIP			5.4 CITY		ZIP		<del></del>	
TITLE	1		6.1 TRTLE				☐ Change	☐ Addition
NAME			6.2 NAM					1
STREET ADDRESS			6.3 STRE	EET AL	DDRESS			

14. Thereby 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 Sorporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name approximation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name approximation of the receiver of the Sorporation of the Sorporation of the Receiver of the Sorporation of

SIGNATURE:

10/9P

**FILED** 

Apr 27 1998 8:00am

Secretary of State

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