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FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000076990 (9)**

1. Corporation Name

TWIN ACRES DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

**2600 DOUGLAS RD
STE 510
CORAL GABLES FL 33134
US**

**2600 DOUGLAS RD
STE 510
CORAL GABLES FL 33134
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 9350 Sunset Dr.

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Miami FL

Zip

24 33173

Country

25 US

2a. Mailing Address

26 9350 Sunset Dr.

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Miami FL

Zip

29 33173

Country

30 U.S.

3. Date Incorporated or Qualified

11/01/1993

4. FEI Number

65-0447219

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ROBBINS, CHARLES D ESQ.
777 BRICKELL AVE STE 900
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

Corporation Service Co

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

83

84 City

85 Zip Code

FL

33173

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE

NAME **ADLER, DAVID D**
STREET ADDRESS **2600 DOUGLAS RD STE 510**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **AS** ☐ DELETE

NAME **ROBBINS, CHARLES D.**
STREET ADDRESS **777 BRICKELL AVE STE 900**
CITY-ST-ZIP **MIAMI FL 33131**

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

1.4 CITY-ST-ZIP

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

900002522739

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*****150.00**

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

Charles D. Robbins 5/1/98

CR2E034 (10/97)