FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000011754	(6)
1. Corporation Name		

MONTAFON DEVELOPMENT CORPORATION

Mailing Address Principal Place of Business 3841 CAPE POINTE CIRCLE 3841 CAPE POINTE CIRCLE JUPITER FL 33477 JUPITER FL 33477 3a. Date of Last Report 3. Date Incorporated or Qualified 02/08/1994 05/01/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0468595 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing Orty & State \$5.00 May Be Oity & State Trust Fund Contribution Added to Fees 28 23 B. This corporation has liability for intangible tax under s 199.032, Country Zin ☐ Yes ☐ No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BERROCAL, CARLOS J Street Address (P.O. Box Number is Not Acceptable) 82 BERROCAL & WILKINS, P.A. 1070 EAST INDIANTOWN ROAD, STE. 310 JUPITER FL 33477 85 Zip Code 84 City 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 oblightions of, Section 607.0505, Florida Statutes SIGNATURE DATE (NOTE: Registered Agent signatum required when reinstating) Signature, type dior pointed name of registered agond and time trapplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. Change Addition DELETE 1.1 MILE 1 TEF 1.2 NAME STUCKLER, JOHANNES NAME 3841 CAPE POINTE CIRCLE 13 STREET ADDRESS STREET ACORESS JUPITER FL 33477 1.4 CITY - \$1 - ZIP CICY-ST-ZIP ■ Addition DELETE 2 1 HILE UILE STUCKLER, ELISABETH NAME 3841 CAPE POINTE CIRCLE 2 3 STREET ADDRESS STREET ADDRESS JUPITER FL 33477 2.4 CiTY - S1 - ZIP (01) - \$1 - ZIP Change Addition [] DELETE 3 1 THILE 1111 3.2 NAME NAM: 3.3 STHEET ADDRESS STREET ADDRESS. 3 4 CITY - ST - ZIP CITY-ST ZIP Addition Change DELETE 4 1 IIILE THEF 4.2 NAME NAM: 4.3 STREET ADDRESS STREET ADDRESS. 4.4 CiTY - ST - 7iP C-15 - ST-ZP Change ☐ Addition DELETE 5 1 THILE TILLE 5.2 NAME NAME 5 3 STREET ADDRESS STEEL ADDRESS 5.4 C(1Y - ST - ZIP COLY ST ZE Addition DELETE 6 1 TITLE THLE 6.2 NAME 63 STREET ADDRESS STREET ADDRESS

appears in Block 12 or Block 13 if changed,

OFF \$ - 7/2

or on an attachment with an address

JOHANNES STUCKLER

64 CHY-S1-7IP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida Statutes. I further certify that the information indicated on this armual 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

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