

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90032 021 ***150.00

DOCUMENT # **P94000039410**

1. Corporation Name

LAUREL FALLS DEVELOPMENT CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10718 KIRKALDY LANE BOCA RATON FL 33498 US		Mailing Address 10718 KIRKALDY LANE BOCA RATON FL 33498 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 05/25/1994		4. FEI Number 58-2116331	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

LICHTMAN, JONATHAN J
4800 N FEDERAL HWY
SUITE D-100
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name **JONATHAN J. LICHTMAN, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable)
4800 N. FEDERAL HIGHWAY
83 **SUITE D-100**
84 City **BOCA RATON** FL 85 Zip Code **33431**

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 **JONATHAN J. LICHTMAN, P.A., BY:**
Signature, typed or printed name of registered agent and title if applicable.

JONATHAN J. LICHTMAN
PRESIDENT
DATE **1/4/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICHTMAN, JONATHAN J	1.2 NAME	
STREET ADDRESS	10718 KIRKALDY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	DVPT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASS, ROBERT A.	2.2 NAME	
STREET ADDRESS	300 LAUREL RIDGE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	REINHOLDS PA	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JONATHAN J. LICHTMAN, P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

1/4/99

Daytime Phone #

(561) 447-0017

CR2E034 (11/98)