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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000049197

1. Corporation Name

Dringing Diago of Business

FENWICK DEVELOPMENT CORPORATION OF FLORIDA, INC.

• .	e of Dusiness	maning / tadioco				
390 NORTH JARANGE AVE. SUITE 1103 ORLANDØ FL 32801		P.O. BOX 4961 Orlando (Fl 32802-4961			DO NOT WRITE IN THIS SPACE	
_					3. Date Incorporated or Qualifed 07/01/1994	
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number App ied For	
	yal Poinciana Plaza	321 Royal Poinciana		iana Pla	.aza 59-3258833 Not Applica	ble
Suite, Apt.		Suite, Apt. #, etc.			_ \$8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be	ļ
	Beach, FL	28 Palm Beach, FL			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	_ ,	*	8. This corporation owes the current year Intangible  Personal Property Tax	
<b>24</b> 334		33480	30	USA	Toronal Topony Tax.	
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Registered Agent	
<del>DM.C.</del>	CORPORATE SERVICES OF CEN	TRAL-FLORIDA?		ALLE		
390 NORTH ORANGE AVENUE				82 Street Ad	Acdress (P.O. Box Number is Not Acceptable)	ĺ
SUIT	<del>E-1100</del>			83		
ORL	ANDO FL 32801			168	Royal Poinciana Plaza South	
				84 Sity In	u. Bendh FL   80   33480	ĺ
10 State of Control of Control on the Control of Contro						
office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of clirectors. I hereby accept the appointment as reg stered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.						
					4/14/99	j
SIGNATUFE	Signature, typed or printed ha ne of registered agent	and title if applicable (NOT	: Registered	Agent signature requ	equired when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TIT	le .	D Change Add	dition
NAME	BOTTIROLI, MAURO		1 2 NA	ME	Bottiroli, Mauro	
STREET ADDRESS	390 N ORANGE AVE, #1100-		1.3 ST	REET ADDRESS	321 Royal Poinciana Plaza	
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CI	ry-ST-ZIP	Palm Beach, FL 33480	
TITLE	D	☐ DELETE	2.1 713	lΕ	D	dition
NAME	FREI, SANDRO		. 2.2 NA	ME	Frei, Sandro	Ì
- STREET ADDRESS	990 NORTH ORANGE AVENUE,	<del>SUITE :1100 -</del> -	2.3 ST	REET ADDRESS	321 Royal Poinciana Plaza	İ
CITY-ST-ZIP	ORLANDO FL 32801 -			TY-ST-ZIP	Palm Beach, FL 33480	lition
TITLE		☐ DELETE	3 1 111		Change Add	inton
NAME			32 NA			ļ
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		□ PELETE	_	TY-ST-ZIP	☐ Change ☐ Add	dition
TITLE I		☐ DELETE	4 1 TIT		Criange	
NAME			4.2 N			1
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CF 5 1 TIT	TY-ST-ZIP	☐ Change ☐ Ade	dition
TITLE		☐ DETE IF	51 III 52 NA	- 1		
NAME				REET ADDRESS		
STREET ADDRI SS			1	TY-ST-ZIP		
CITY OF 710	1		■ 5.4 UI	FT-31-ZIF		- 1

14. I heretry certify that the information supplied wit a this filling does not qualify for the exemption stated in Section 119.0"(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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETÉ

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

c/o 561-659-17**70** Daytime Phone #

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

04-26-1999 90235 006 \*\*\*150.00

Addition