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

DOCUMENT # **P9400060087**1. Corporation Name

P AND J DEVELOPMENT CORPORATION

Principal Place of Business 552 N.E. 34TH COURT

2. Principal Place of Business

HOLLAND, GERALD

Suite, Apt. #, etc.

City & State

OAKLAND PARK FL 33334

21

22

23 Zip 24

26

27

28

9. Name and Address of Current Registered Agent

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90016 018 ***150.00

N (42)(12) (40 £0)(4 0 £0)(4 0 £0) | 0 £0) | 10)(6 £0)(1 0 £0) | 0 £0) | 10)(6 £0)(6 £0)(6 £0)(7 £0)

Mailing Address 552 N.E. 34TH COUR OAKLAND PARK FL		DO NOT WRITE IN THIS SPACE				
	,	3. Date Incorporated or Qualifed 08/16/1994				
2a. Mailing Address	;	4. FEI Number	Applied For			
26		65-0512161	Not Applicable			
Suite, Apt. #, et	c.	5. Certificate of Status Desired	5. Certificate of Status Desired			
City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax.				
gistered Agent		10. Name and Address of New Registered Agent				
£25.50 v (1)	81 Name					

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

4860 N.E. 12TH AVENUE FORT LAUDERDALE FL 33334

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 title if applicable. (NOTE: Re	gistered Agent signature re	equired when reinstating)		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP □ OELETE	1.1 TITLE		☐ Change	Addition
NAME	CASORIA, PETER JR	1.2 NAME			
STREET ADDRESS	FEE N.E. AUTIL COURT	1.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP	OAKLAND PARK FL 33334	1.4 CITY-ST-ZIP			
TITLE	DS DELETE	2.1 TITLE	•	☐ Change	☐ Addition
NAME	HOLLAND, GERALD	2.2 NAME			}
STREET ADDRESS	4860 N.E. 12TH AVENUE	2.3 STREET ADDRESS			. 1
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	2. 4 CITY- ST-ZIP			
TITLE (aft)	TD DELETE	3.1 TITLE		Change	☐ Addition
NIAMET 3 / 2 A	HAHNER, RICHARD A	3.2 NAME			
STREET ADDRESS	4860 NE 12TH AVE	3.3 STREET ADDRESS	Jenes (1994) 200 Mag 3 (1995)	4 45-4688	\$1 18 6
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4. CITY-ST-ZIP	10000000000000000000000000000000000000		March 1.
TITLE	☐ DELETE	4.1 TITLE		Change	🏝 🛄 Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS	•	•	
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		Change	Addition
NAME		5.2 NAME			ļ
STREET ADDRESS	and a	5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME 13	Control of the second of the s	6.2 NAME		•	,
STREET ADDRESS		6.3 STREET ADDRESS			ļ
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.