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

Mailing Address

SUITE 110

1100 S POWERLINE RD

PROFIT CORPORATION ANNUAL REPORT

~1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000069903

1. Corporation Name

Principal Place of Business

1100 S POWERLINE RD

CSP DEVELOPMENT COMPANY, INC.

DEERFIELD BEA	EACH FL 33442 DEERFIELD BEACH FL 33442					DO NOT WRITE IN THIS SPACE				
US	US					 Date Incorporated or Qu 09/20/1994 	alifed	•		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	· · · · · · · · · · · · · · · · · · ·	A	plied For	
21		26				65-0527177		. No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.			E Contiferate of Status Boo	ired 🗆	\$8.75	Additional	
22		27				5. Certifcate of Status Des		Fee Re	equired	
City & State	9	City & Sta	ate			6. Election Campaign Fina	ncing	\$5.00	May Be	
23						Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Zip Country			8. This corporation owes the	e current year Int	langible		
24	25	29	30	L		Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Curren	t Registered Age	nt			10. Name and Address of	New Registered	Agent		
					81 Name					
COLONNA, LINDA				82	Street	Address (P.O. Box Number is Not A	cceptable)			
1100 S POWERLINE RD			1-	0001	, , , , , , , , , , , , , , , , , , , ,					
SUITE 110				83				÷	İ	
DEERFIELD BEACH FL 33442				0.4	City			85 Zip	Code	
				84			FL	_ ['		
11. Pursuant	to the provisions of Sections 607.050: egistered agent, or both, in the State in familiar with, and accept the obligat	2 and 607.1508, F	lorida Statutes,	the above	e-named	corporation submits this statement	or the purpose of	changing its	registered	
office or re	egistered agent, or both, in the State of	of Florida. Such ch	iange was autho 27 0505 - Florida	orized by Statutes	the corp	oration's board of directors. I hereby	accept the appoi	intment as re	gistered	
	in familiar with and accept the obliga-			0.0.0.0					٠ .	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Reg	istered Ager	ıt signature i	required when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES	O OFFICERS AN	ND DIRECTO	DRS IN 12	
TITLE	PTD	Ţ,	DELETE	1.1 TITLE		, .		Change	☐ Addition	
NAME	COLONNA, LINDA			1.2 NAME					1	
STREET ADDRESS	8387 SAWPINE RD			1.3 STREE	TADDRESS				i	
CITY-ST-ZIP	DELRAY BEACH FL 33446			1.4 CITY-S	T- ZIP					
TITLE	VSD		DELETE	2.1 TITLE		V50		Change	☐ Addition	
NAME	PERINI, VINCE			2.2 NAME		Perini Vince				
STREET ADDRESS	2930 N.W. 17TH TERRACE			2.3 STREE	TADORESS	1100 South Powers	ine Road,	Swite:	110	
CITY-ST-ZIP	OAKLAND PARK FL			2. 4 CITY-S		Operfield Beuch				
TITLE			DELETE	3.1 TITLE			- ,	☐ Change	☐ Addition	
NAME				3.2 NAME			•			
STREET ADDRESS				3.3 STREE	ADDRESS	·				
CITY-ST-ZIP				3.4. CITY- S		,			1	
TITLE			DELETE	4.1 TITLE			··	Change	☐ Addition	
NAME				4. 2 NAME					}	
STREET ADORESS				4.3 STREE	ADDRESS	{			ļ	
CITY-ST-ZIP				4.4 CITY-S	T- <i>2</i> 11P					
TITLE			DELETE	5.1 TITLE			,	☐ Change	☐ Addition	
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	TADDRESS)				
CITY-ST-ZIP				5.4 CITY-S	T-ZIP					
TITLE] DELETE	6.1 TITLE				Change	☐ Addition	
NAME				6.2 NAME		· ·			1	
STREET ADDRESS				6.3 STREE	TADDRESS				į	
CITY-ST-ZIP				6.4 CITY-S	T- 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 open attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90020 026 ***150.00