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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000070235

1. Corporation Name

	/E DEVELOPMENT GROUP,	. INC.					
Principal Place	e of Business	Mailing Address				BBIIL BBILL IBBIL BOILS (E
827 14TH AVEN		P O BOX 22191					
ST PETERSBURG FL 33701 ST PETERSBURG FL 33742							
US US						IN THIS SPACE	
					 Date Incorporated or Qualifed 09/19/1994 		
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number	· -	Applied For
		26			59-3271558		Not Applicable
21 Suite, Apt.	# etc	Suite, Apt. #, etc.		· · · ·		\$8.7	5 Additional
22		27			5. Certifcate of Status Desired		Required
City & State	le	City & State			6. Election Campaign Financing	 \$5. 0	00 May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country		8. This corporation owes the curren	t year Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
24	9. Name and Address of Currer	1=-1			10. Name and Address of New Re	gistered Agent	
***			81	Name			
DELL	L, JAMES A			C+4 A d-	dress (P.O. Box Number is Not Acceptabl	<u>a)</u>	
827	14TH AVENUE NORTH		82	Street Add	iress (P.O. Box Number is Not Acceptable	<i>e)</i>	
ST P	PETERSBURG FL 33701		83				
}						1 1	
			84	City		FL 85 2	Zip Code
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	02 and 607.1508, Florida Statute: of Florida. Such change was au ations of Section 607.0505, Flori	s, the above thorized by da Statutes	e-named cor the corporat	poration submits this statement for the pution's board of directors. I hereby accept to	rpose of changing the appointment as	j its registered s registered
l .				•			ļ
SIGNATURE					red when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered age					DATE	
l .	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE: I	Registered Agen		red when reinstating)	DATE	CTORS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ont and title if applicable. (NOTE: I	Registered Agen		red when reinstating)	DATE CERS AND DIREC	CTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PTS DELL, JAMES A	ont and title if applicable. (NOTE: I	Registered Ager	nt signature requi	red when reinstating)	DATE CERS AND DIREC	CTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PTS DELL, JAMES A 827 14TH AVENUE N	ont and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature requi	red when reinstating)	DATE CERS AND DIREC	CTORS IN 12
SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PTS DELL, JAMES A	ont and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME	nt signature requi	red when reinstating)	DATE CERS AND DIREC	CTORS IN 12
SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN PTS DELL, JAMES A 827 14TH AVENUE N	ent and title if applicable. (NOTE: IND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 City-S	nt signature requi	red when reinstating)	DATE CERS AND DIREC	CTORS IN 12
SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND PTS DELL, JAMES A 827 14TH AVENUE N ST PETERSBURG FL	ent and title if applicable. (NOTE: IND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME	nt signature requi	red when reinstating)	DATE CERS AND DIREC	CTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AND PTS DELL, JAMES A 827 14TH AVENUE N ST PETERSBURG FL	ent and title if applicable. (NOTE: IND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CSTY-S' 2.1 TITLE 2.2 NAME 2.3 STREET	T ADDRESS T ADDRESS	red when reinstating)	DATE CERS AND DIREC	CTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AND PTS DELL, JAMES A 827 14TH AVENUE N ST PETERSBURG FL	ent and title if applicable. (NOTE: IND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME	T ADDRESS T ADDRESS	red when reinstating)	DATE CERS AND DIREC	CTORS IN 12 age
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #