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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

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OAK ISLAND DEVELOPMENT, INC. Mailing Address Principal Place of Business 101 NW 72ND AVE-P.O. BOX 17437 PLANTATION FL 33318 PLANTATION FL-99317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/28/1994 4. FEI Number Applied For 2. Principal Place of Busines Mailing Address Not Applicable 65-0550564 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 Country Zip 8. This corporation owes the current year Intangible Country ☐ Yes No 30 Personal Property Tax. 29 ame and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCARDLE, GEORGE E (P.O. Box Number is Not Acceptable 82 TOT NW 72ND AVE PLANTATION-FL-33317 83 84 City

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 register 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: Registered Agent signature required when reinstating) <u>@</u> ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE MCARDLE, GEORGE 1.2 NAME NAME 101-NW-72ND AVE 1.3 STREET ADDRESS STREET ADDRESS PLANTATION-FL-1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 34, CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5,4 CITY-ST-ZIP CITY-ST-ZIP Addition 61 TITLE Change DELETE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or array attachment with an address, with all other like empowered.

SIGNATURE: