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

PROFIT CORPORATION ANNUAL REPORT

1998

The Char.

ģ,

....

484

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000087166 (2)

POINCIANA DEVELOPMENT COMPANY Principal Place of Business Mailing Address 7701 SW 55 AVE 7701 SW 55 AVE SUITE C SUITE C DO NOT WRITE IN THIS SPACE MIAMI FL 33143 MIAMI FL 33143 3. Date Incorporated or Qualified 12/01/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0564655 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. ☐ Yes 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name REARDON, ERIC T 7701 SW 55 AVE # C Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33143 83 84 City Zip Code 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: Registered Agent aignature required when rainstating) (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. **DPTS** DELETE 1.1 TITLE Change Addition TITLE REARDON, ERIC T CR2E034 NAME 1.2 NAME 7701 SW 55 AVE # C 1.3 STREET ADDRESS STREET ADDRESS MAIMI FL CITY-ST-ZIP 1.4 CITY-ST-ZiP DELETE Change Addition 2.1 TITLE TITLE **GOOD, CHARLES A PASTER** NAME 2.2 NAME 15321 S DIXIE HWY SUITE 201 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME MAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filling 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 of suppliemental annual people true and acceptate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the people true and acceptate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the people true and acceptate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it chapted, or on an attachment with an address. CITY-ST-ZIP

SIGNATU

FILED

Jan 26 1998 8:00am

Secretary of State