Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90092 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000058634

1. Corporation Name

Мапи	EVELOPMENT, INC.				
Principal Place	e of Business	Mailing Address	_		E SONTINUE IN A LOCAL DESIEN BOSTE BOSTE BOSTE BESTE LOCAL DESIGN COSTON
6838 LANTANA	BRIDGE RD	6838 LANTA BRIDGE RD			
STE 103 STE 103					DO MOT WEST IN THE ORACE
NAPLES FL 341	09	NAPLES FL 34109			DO NOT WRITE IN THIS SPACE
US .		US			3. Date Incorporated or Qualifed 07/26/1995
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
26					65-0655986 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #					\$8.75 Additional
27		27			5. Certificate of Status Desired Fee Required
City & State		City & State	- ·		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		This corporation owes the current year Intangible
24	25	29 30	0		Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
001	70 M		81	Name	
GRIES, M			82	Street A	Address (P.O. Box Number is Not Acceptable)
	LANTANA BRIDGE RD				
STE			83		
NAP	LES FL 34109	1	84	City	85 Zip Code
					FL v ap seed
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 abent, 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	1 con acena	4			onlined when reinstation) DATE
	Signature typed or printed name of registered agent OFFICERS AND	<i></i>	13.	t signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PTD	DELETE	1.1 TITLE		Change Addition
	GRIES, MARIANNE		1.2 NAME		MODIA.1.1
NAME	-		1.3 STREET	ADDRESS	GRIES MITTHING BRIDGE RD #103
STREET ADDRESS	7738 JEWEL LANE #102			- 1	NAPLES FL 34109
CITY-ST-ZIP	NAPLES FL 34109	☐ DELETE	1.4 CITY-ST 2.1 TITLE		VSD Change Addition
TITLE	VSD		2.2 NAME	- 1	1 2-0-
NAME	GRIES, ROBERT			LABBERGE	GRIES, KOISERT 6838 LANTANA BRIDGE RD #103
STREET ADDRESS	7736 JEWEL LANE #102	•	2.3 STREET	- 1	
CITY-ST-ZIP	NAPLES FL 34109	☐ DELETE	2. 4 CITY+S	T-ZIP	NAPLES FL 34109 Change Addition
TITLE		□ DELETE			
NAME			3.2 NAME		
STREET ADDRESS	•		3.3 STREET	- 1	•
CITY-ST-ZIP		DELETE	3.4. CITY-S	1-219	☐ Change ☐ Addition
TITLE		LLI DELETE	4.1 TITLE	ĺ	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	- 1	•
CITY-ST-ZIP			4.4 CITY-S1	r-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Criange ☐ Addition
NAME	1. 1.		5.2 NAME	ADODESS	
STREET ADDRESS	,		5.3 STREET	- 1	
CITY-ST-ZIP			5.4 CITY-S1	-ZIP	C Channel C audition
TITLE		☐ DELETE	6.1 TITLE	-	Change Addition
NAME	l		6.2 NAME		
STREET ADDRESS	FO to the side of		6.3 STREET	ADDRESS	

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 AND TYPED OR PRINTED NAME OF SYSNING OFFICER OR DIRECTOR