Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90099 046 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000083855

Principal Place of Business

HOBE SOUND DEVELOPMENT, INC.

BOI MAPLEWOOD DRIVE SUITE 17 JUPITER FL 33458 US	P.O. BOX 3351 TEQUESTA FL 33469 US		DO NOT WRITE IN THIS	S SPACE
			10/27/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0651446	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip Country	Zip 30	Country	This corporation owes the current year In Personal Property Tax.	
24 25			10. Name and Address of New Registered	I Agent
9. Name and Address of Current Registered Agent SARDINHA, FRANK JR 160 TONEY PENNA DR STE. 1 JUPITER FL 33458		81 Name 82 Street Ad 83	ddress (P.O. Box Number is Not Acceptable)	
		84 City	FI	
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation.	Florida. Such change was auth	ionized by the corpor	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	f changing its registered sintment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
Signature, types or printed name or registered agent and their application. (ICCL registered agent and their applications)				
		13.	ADDITIONS/GUARAGES TO SITTOEING A	☐ Change ☐ Additio

NAME SARDINHA, FRANK JR 1.2 NAME 160 TONEY PENNA DR SUITE 1 1.3 STREET ADORESS STREET ADDRESS JUPITER FL 33458 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 2.1 TITLE TITLE DP RATHKE, RICHARD C 22 NAME 700 A1A 2.3 STREET ADDRESS STREET ADDRESS Jupiter fi 2.4 CITY-ST-ZIF CITY-ST-ZIP ☐ Addition - DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 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 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 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.

SIGNATURE:

CR2E034 (11/98)