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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000086993

1. Corporation Name

DIVESHARE DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address						i (48)(83) (18 jájá) Éliti gelli gelti getti délet délet felté a			
3900 S ROOSE	3900 S ROOSEVELT BLVD	LVD			1				
KEY WEST FL		KEY WEST FL 33040				DO NOT MOUTE IN THE CRACE			
US		US	US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
						11/13/1995			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied Fo		· · _	
21		26				65-0640108 Not Applicate \$8.75 Additional			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				) E Cortifonto of Statue Desired ) )		Additional Required	
22 City & Ctat		City & State							
City & Stat	<b>.</b>	28				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangib			
24	[25]			•		Personal Property Tax.			
<del></del>	9. Name and Address of Curren		1==1			10. Name and Address of New Registered Agen	it		
				81	Name				
MULTALL, INOMAS M				82	Street Add	Address (P.O. Box Number is Not Acceptable)			
	S ROOSEVELT BLVD								
KEY	WEST FL 33040			83					
				84	City	. 85	Zip	Code	
		·			•	poration submits this statement for the purpose of chan	Щ		
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	orida Stati	utes.		on's board of directors. I hereby accept the appointment of the control of the co			
12.	Signature, typed or printed name of registered agen	D DIRECTORS	±: Registered	Agent	signature require	ADDITIONS/CHANGES TO OFFICERS AND DI	RECT	ORS IN 12	
TITLE	PC	☐ DELETE					Change	Addition	
NAME	MULHALL, THOMAS		1.2 N/	AME .	l l				
STREET ADDRESS	ONE PALMETTO DRIVE		1.3 \$1	TREET A	ADDRESS	·			
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CI	TY-ST-	ZIP				
TITLE	VD	☐ DELETE	2.1 π	TLE	l l	. 🗅	Change	Additio	
NAME	Butler, Robert		2.2 N	AME					
STREET ADDRESS	3900 S. ROOSEVELT DR.		2.3 \$1	TREET A	ADDRESS				
CITY-ST-ZIP	KEY WEST FL 33040		_	ITY-ST-	-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	- Addition	
TITLE	S IFDIAN	☐ DELETE	3.1 T			□,	Change	e	
NAME	WILLIAMS, JERIAN		3.2 N/						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE	KEY WEST FL 33040	☐ DELETE	3.4. C 4.1 TI	ITY-ST-	-2117		Change	Addition	
IIILE NAME	BUTLER, ROBERT .		4.2 N		ļ		<b>J</b> -	_	
STREET ADDRESS	ACCO O DOCODERTY DD				ADDRESS				
CITY-ST-ZIP	KEY WEST FL 33040			TY-ST-					
TITLE		☐ DELETE	5.1 Π				Change	e Additio	
NAME			5.2 N	AME	ĺ				
STREET ADDRESS			5.3 \$1	TREETA	ADDRESS				
CITY-ST-ZIP				TY-ST-	ZIP				
TITLE		☐ DELETE	6.1 TI				Change	e	
NAME			6.2 N	AME					

6.3 STREET ADDRESS

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 of 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 life appropried.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90134 044 \*\*\*150.00