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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000093148

1. Corporation Name

NOTAGE	DEVELOPMENT CORP. II					
Principal Place	e of Business	Mailing Address			1 (88)(84) (10 1810) 61(1) 4831(40)(1 80)(1) 85 6 5 60 (1181 11811 6180 1811 186)
1675 PALM BEACH LAKES BLVD 1675 PALM BEACH LAKES B			BLVD			
SUITE 1002 SUITE 1002			M	DO NOT WRITE IN THIS SPACE		
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 3340			Ui		3. Date Incorporated or Qualifed	11110 01 7102
					12/07/1995	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26		65-0625671	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27	_		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye	ear tntangible ☐ Yes ☐ No
24	25		30		Personal Property Tax. 10. Name and Address of New Regist	=
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Regist	ered Agent
ERBEY, JOHN R.						·
1675 PALM BEACH LAKES BLVD			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
SUITE 1002 WEST PALM BEACH FL 33401			83			
			84	City		FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s, the above	e-named corp	oration submits this statement for the purpo	ose of changing its registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was au	thorized by	the corporation	on's board of directors. I hereby accept the	appointment as registered
	m laminar with, and accept the obliga-	10115 01, Dection 007.0505, 1 1011	da Olaldico	•		
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE:	Registered Agen	t signature require	od when reinstating)	ATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	MS X SECRETARY	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME						
STREET ADDRESS 1675 PALM BEACH LAKES BLVD #1002			1.3 STREET	ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-S	T-ZIP		Change C Addition
TITLE	SVPA	XX DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	WILHOIT, STEPHEN C.		2.2 NAME			ļ
STREET ADDRESS			2.3 STREET	- 1		
CITY-ST-ZIP			2. 4 CITY-S	IT-ZIP		· Change Addition
TITLE	REICH, CHRISTINE A 321		3.1 TITLE			□ Ollarige + - · □ Accinori
NAME			3.2 NAME			
STREET ADDRÉSS				ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	□ DELETE	3.4. CITY- S 4.1 TITLE	1-ZIP		Change Addition
TITLE	DAVIDSON, ROBERT C					
NAME	AGE DALLA DEAGLE AVEG DUST 64000			ADDRESS		
STREET ADDRESS	WEST PALM BEACH FL	TD ¥ 1002	4.4 CITY-S			•
CITY-ST-ZIP TITLE	D	☐ DELETE	5.1 TITLE			Change Addition
NAME	ERBEY, WILLIAM C		5.2 NAME			•
STREET ADDRESS	THE DATA DESCRIPTION OF THE 1000			ADDRESS	•	
CITY-ST-ZIP	W. PALM BEACH FL 33401	- · · ·	5.4 CITY - S	T-ZIP	•	
TITLE	M	XX DELETE	6.1 TITLE			Change Addition
NAME	KOE, ROBERT E		6.2 NAME			
STREET ADDRESS				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 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: _

CITY-ST-ZIP

W. PALM BEACH FL

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-682-8000

Daytime Phone #