PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

I. Corporation	MENT # P9600 N DEVELOPMENT, INC.	0002191	04-26-1999 90050 017 ***150.00			
Principal P ace of Business Mailing Address P.O. BOX 3:0637 P.O. BOX 320637 COCOA BEACH FL 32932-0637 COCOA BEACH FL 32932-0			537	DO NOT WRITE	IN THIS SPACE	
				3. Date hicorporated or Qualifed 01/08/1996		
	face of Business	2a. Mailing Address		4. FEI Number 59-338 1956		plied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 / Fee Re	Additional
City & State	٠	27 City & State	<u></u>	6. Electic n Campaign Financing	\$5.00	May Be
Zip	Country	Zip	Country	8. This corporation owes the current	year Intangible	to Fees
	25 Name and Address of Curr		30	Personal Property Tax. 10. Name and Address of New Reg	∐ Yes ister∷d Agent	□No
9. Name and Address of Current Registered Agent BEALS, ROBERT 1300 W HIBISCUS BLVD MELBOURNE FL 32902			81 Name 82 Street Aid	Gregory W. Glass Iress (P.O. Box Number is Not Acceptable 1800 W. Hibiscus Blvd		
			83 84 Gity	Suite 138	gs Zin i	ode
1. Pursuant	to the provisions of Sections 607.0	050/2 and 607.1508, Florida Statute	s, the above-named control the composite	Melbourne poration submits this statement for the pur	pose of changing its	egistered
agent. I a	m familiar with, and accept the obj	igations of, Section 607.0505, Fort	da Statutes.	poration subm ts this statement for the pur ion's board of directors, I hereby accept the	11 /00	(nate) eu
	Signature, typis or physical drame of linguistance	oper 1 and little If applicable. (ND: E: 1	Regularing Agent signature recuir	-/E4 SS 9/	DATE DATE	
ignature 2.	Signature, typical or physical drume of logisterial of OFFICERS	pations of, Section 607.0505, F on the patients of the patien	da Statutes. Appealuge Agent signature recom 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	DATE DATE	
2. TLE	Signature, typig or prised theme of Togastable OFFICERS	sport and title if applicable. (NO E:) AND DIRECTORS	Registered Agent signature reculing 13.	-/E4 SS 9/	ERS AND DIRECTO	RS IN 12
IGNATURE 2. TLE WE TREET ADOR ISS	OFFICERS PO KODSI, MAURICE P.O. BOX 320637 N/A 92.5	AND DIRECTORS DELETE N. COURTENAY PKWI RITT ISLAND, FL. 329	Acquate pict Acquate supposture rescular 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 5 1.4 CITY-ST-ZIP	-/E4 SS 9/	ERS AND DIRECTO	RS IN 12
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GNATURE LE ME REET ADOR :SS 17-61-20P LE ME REET ADOR :SS 17-51-20P	PO KODSI, MAURICE P.O. BOX 320637 N/A 92.5 COCOA BEACH FL MER V KODSI, ROBERT P.O. BOX 320637 N/A 92.5.1	AND DIRECTORS DELETE N. COURTENAY PKOU RITT ISLAND, FL. 3298	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 5.1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	-/E4 SS 9/	ERS AND DIRECTO	RS IN 12 Addition
GNATURE LE ME REET ADOR :SS Y-, 67-ZIP LE ME REET ADOR :SS Y-, 67-ZIP LE ME REET ADOR :SS	PO KODSI, MAURICE P.O. BOX 320637 N/A 92.5 COCOA BEACH FL MER V KODSI, ROBERT P.O. BOX 320637 N/A 92.5.1	AND DIRECTORS DELETE N. COURTENAY PROP LITT ISLAND, FL. 32953	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 5.1.4 CITY-ST-ZP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZP 3.1 TITLE 3.2 NAME	-/E4 SS 9/	ERS AND DIRECTO	RS IN 12 Addition
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