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Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90089 019 \*\*\*158.75

## 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 # P96000008894

1. Corporatio	REAK DEVELOPMENT CORP							
Driver of Olean		44 99 4 1 1			<u> </u>			
	ce of Business	Mailing Address						
4085 A1A S STE B		2507 US 1 SOUTH STE 7215						
ST. AUGUSTINE FL 32084		ST. AUGUSTINE FL 32086		DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qua		110 01 7101	
[		,			01/29/1996		•	
2. Principal P	Place of Business	2a. Mailing Address	_		4. FEI Number			Applied For
21 2801	N. Ninth St.	26 3501-B N. Pon	ice De Le	on B1	vd 59-3359346		1	lot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc,	·		5. Certifcate of Status Desir	ed X	\$8.75	Additional
22		27 Suite 367			5. Certificate of Status Desir		Fee F	Required
City & Stat		City & State			6. Election Campaign Finan	cing	\$5.0	May Be
	ugustine, FL	28 St. Augustine, FL		Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country		8. This corporation owes the	current year		_
24 3209			30 <u>[]</u>	SA	Personal Property Tax.		X Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of N	lew Register	ed Agent	<u>.</u>
TRA	YNOR, JOHN M ESQ.		81 Na	ime				
28 CORDOVA STREET			82 Str	eet Addre	ss (P.O. Box Number is Not Ac	ceptable)	<del></del>	
ST. AUGUSTINE FL 32084							<del>.     </del>	
01. 7			83			-	-	
	The state of the s		84 Cit	y			85 Zir	Code
	# <u>a- b, b.</u>	<u> </u>					'L	
office or t	to the provisions of Sections 607.0502 registered agent, or both, in the State of	f Elevide Cueb ebence was and	O		-l- b	. a.o pa.paza		
agent. I a	im ramiliar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statutes.				pointment as i	registered
agent. i a SIGNATURE	im ramiliar with, and accept the obligation of registered agent	and title if applicable. (NOTE: R	da Statutes. Registered Agent signa		when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE: R	da Statutes. Registered Agent signa			DATE	AND DIRECT	ORS IN 12
SIGNATURE  12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	Registered Agent signa  13. 1.1 TITLE		when reinstating)	DATE		ORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed harms of registered agent OFFICERS AND PD KAPLER, GEORGE	and title if applicable. (NOTE: R D DIRECTORS	Registered Agent signa  13. 1.1 TITLE 1.2 NAME	iture required	when reinstating)  ADDITIONS/CHANGES TO	DATE OFFICERS	AND DIRECT	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed hame of registered agent OFFICERS AND PD KAPLER, GEORGE 2507 US 1 SOUTH, SUITE 7045	and title if applicable. (NOTE: R D DIRECTORS	Registered Agent signa  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDR	ture required	when reinstating)  ADDITIONS/CHANGES TO  501-B N. Ponce I	O OFFICERS De Leon	AND DIRECT	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed hame of registered agent OFFICERS AND PD KAPLER, GEORGE 2507 US 1 SOUTH, SUITE 7045 ST. AUGUSTINE FL	ons of, Section 607.0505, Floric and title if applicable. (NOTE: R ) DIRECTORS  DELETE	Cogistered Agent signa  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDR  1.4 CITY-ST-ZIP	ture required	when reinstating)  ADDITIONS/CHANGES TO	O OFFICERS De Leon	AND DIRECT	ORS IN 12
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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 of fusive 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 of or an abachronic with an oddress, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZiP

HIGHARDARE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-99

904-819-0300

Daytime Phone #