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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P96000014679 (0)

Feb 26 1998 8:00am Secretary of State

COIVIN	TEHUIAL H	ETAIL DEVELOPI	MENT, INC.					
Principal Pla	on of Business		Mailing A	ddress				
104RL SE BI								
TEQUESTA FL 33469 TEQUESTA FL 33469					ſ			
								DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
2. Principal	Place of Busin	088	l 20 Mailm	n Address			-	02/13/1996 4. FEI Number Applied For
21	7 1000 01 2705171	1 1	2e. Mailing Address 26				Applied 1 of	
Suite, Apt. #, etc.			Suite, Apt #, etc.					65-0738848   Not Applicable
22			27					5. Certificate of Status Desired Fee Required
City & State			City & State					6. Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution
Ζιρ	-	Country	Zip		<b>-</b>	untry	<i>'</i>	8. This corporation owes or has paid the current year Intangible
24		25 and Address of Curre	29		30	т		Personal Property Tax due June 30.  Yes No
			erit Heyistered A	Aqui		81	Name	10. Name and Address of New Registered Agent
	revens, w j						INGITIE	
	M81 SE BAN				82	Street Add	ddress (P.O. Box Number is Not Acceptable)	
'E	OUESTA FL	33469				83		
						L		
						84	City	FL 85 Zip Code
11. Pursuant	t to the provision	ons of Sections 607.05	02 and 607.1508	, Florida State	ites, the a	boye	a-named co	progration submits this statement for the surross of changing its anci-tered
I OTHER OF	rocustered acc	ent, or both, in the Stat h, and accept the obli	to of Florida, Suci	h channo wae	SHIPPORTSO	וח חו	Alba caracre	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE		and the second second	gamento or, cocero	007.0005, 1	ionaa ola	· ·		
GIGINATORIC	Signature, typed t	e ponted name of registered a	geolanis blic il applicat	er (NC	TE Registere	d Age	ent signature requ	quired when reinstating) DATE
12.	<del></del>	OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			DELETE	1.1 11	ITLE		Change Addition
NAME	STEVENS				1.2 N	AME		
STREET ADDRESS		BANYAN WAY			1.3 \$	TAEET	ADDRESS	
CITY-ST-ZIP		TA FL 33469		Libriere		ITY-S	T-ZIP	
TITLE	D	40.441		☐ DELETE	2.1 10			☐ Change ☐ Addition
NAME CZDCIY ADDOLOG	DYER, SI				2.2 N			
STREET ADDRESS		BANYAN WAY					ADDRESS	
CATY-ST-ZIP TITLE	IEQUESI	A FL 33469		DELFTE	2.4 C		ST-ZIP	☐ Change ☐ Addition
NAME				P44111	32 N			Change L Addition
STREET ADDRESS						-	ADDRESS	
CITY-ST-ZIP					4		SI-ZIP	
TITLE	<b>†</b>			DELETE	4.1 Ti			Change Addition
NAME					4. 2 N		ļ.	
STREET ADDRESS					4.3 SY	FREET	ADDRESS	
CITY-ST-ZIP					4.4 CI			
TITLE				DELETE	5.1 TI			☐ Change ☐ Addition
NAME					5.2 N/	AME		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS					5351	REET	ADDRESS	
CITY-ST-ZIP	<u> </u>				5.4 CI	1Y-S1	1-7IP	
TITLE				DELFTE	6.1 10	TL <del>E</del>		Change Addition
NAME					6.2 NA	AME		
STREET ADDRESS					6.3 ST	REET	ADDRESS	
CITY-ST-ZIP					6.4 CI	TY - \$1	r- 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 suppliemental 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

SIGNATURE: