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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000019037

1. Corporation Name

DELRAY DEVELOPMENT CORP.

)
Principal Place of Business Mailing Address						T 1881/1881 310 1811 BAILL BOLL BOLL BULL BULL BULL BULL BULL BU	1
1100 HOLLAND DRIVE 1100 HOLLAND DRIVE							
BOCA RATON FL 33427 BOCA RATON FL 33427							
						DO NOT WRITE IN THIS SPACE	 1
						3. Date Incorporated or Qualifed	
		1 A 11 11 A 2 2 2 2 2				02/29/1996 4. FEI Number Appli	ed For
2. Principal Place of Business 2a, Mailing Address						'	Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Ad	
——————————————————————————————————————						5. Certificate of Status Desired	
22						6. Election Campaign Financing 55.00 M	av Bo
23 28						Trust Fund Contribution Added to	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Intangible	
24	25	29	30]No
	9. Name and Address of Curre					10. Name and Address of New Registered Agent	
				81	Name		
MOORE, W-R				82	Street Addre	ress (P.O. Box Number is Not Acceptable)	
4800 NO. FEDERAL HIGHWAY STE 210-A				62	Street Addre	ess (1.0. dox realiser is real readeptable)	
BOC	A RATON FL 33431			83			
			-	0.4	014.	. 85 Zip Co	.do
				84	City	FL °	- I
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the ab	ove	-named corpo	oration submits this statement for the purpose of changing its re	gistered
office or re	egistered agent, or both, in the Stat m familiar with, and accept the oblic	e of Florida. Such change was au	thorized	by 1	the corporation	on's board of directors. I hereby accept the appointment as regis	Stelen
3	,,,, idining, in a soup, in a soup	, ,,				,	1
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered /	Agent	t signature required	d when reinstating) DATE	
12.	<u> </u>	ND DIRECTORS	13.		T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE	V	☐ DELETE	1.1 TITI	LE		Change	Addition
NAME	MOORE, W R		1.2 NAJ	ME			
STREET ADDRESS	7623 SIERRA TERRACE		1.3 STF	REET	ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CIT	Y-ST	r-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	goldstein, elliot		2.2 NAME			•]
STREET ADDRESS	1100 HOLLAND DR		2.3 STF	REET	ADORESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CI	TY-S	T-ZIP		
TITLE	VSTD	☐ DELETE	3.1 TIT	LE	İ	- Change	☐ Addition
NAME	Goldstein, Eleanor		3.2 NA	ME			1
STREET ADDRESS	1100 HOLLAND DR		3.3 STF	REET	ADDRESS		1
CITY-ST-ZIP	BOCA RATON FL		3.4. CIT	TY-S	T-ZIP		
TITLE		☐ DELETE	4.1 TITI	LE		☐ Change	☐ Addition
NAME			4. 2 NA	ME			ļ
STREET ADDRESS			4.3 STF	REET	ADDRESS	•	1
CITY-ST-ZIP			4.4 CIT		r-zip		
TITLE		☐ DELETE	5.1 TITI			Change	Addition
NAME			5.2 NA			<i>:</i>	
STREET ADDRESS					ADDRESS		1
C/TY-ST-ZIP			5.4 CIT		T-ZIP		
TITLE		☐ DELETE	6.1 TIT			☐ Change	☐ Addition
NAME			6.2 NA		j		
STREET ADDRESS			6.3 ST	REET	ADDRESS	•	ſ

CITY-ST-ZIP 14. I hereby certify that the information 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