

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

046955

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90224 013 ***150.00

DOCUMENT # P96000019107

1. Corporation Name

FLORIDA PROJECT DEVELOPMENT, INC.

Principal Place of Business
24460 WOODSAGE DRIVE
BONITA SPRINGS FL 33923

Mailing Address
24460 WOODSAGE DRIVE
BONITA SPRINGS FL 33923

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Zip

29

Country

Country

30

9. Name and Address of Current Registered Agent

AMBURN, JAMES W.
C/O EURO-AMERICAN FINANCIAL
5117 CASTELLO DRIVE, STE 1
NAPLES FL 34103

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|---|
| TITLE | PSTD | <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FROEHLICH, VERONIKA | | 1.2 NAME |
| STREET ADDRESS | 24460 WOODSAGE DRIVE | | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | BONITA SPRINGS FL 33923 | 34134 | 1.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 2.2 NAME |
| STREET ADDRESS | | | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 3.2 NAME |
| STREET ADDRESS | | | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 4.2 NAME |
| STREET ADDRESS | | | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME |
| STREET ADDRESS | | | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME |
| STREET ADDRESS | | | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 6.4 CITY-ST-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 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.

941-640-1152

SIGNATURE:

Veronika Froehlich

Veronika Froehlich 2-11-99

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (11/98)