PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000023897

1. Corporation Name

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90045 042 ***158.75

Maplew	OOD DEVELOPMENT COR	PORATION						
Oringinal Place	o of Pusiness	Mailing Address		_		Basil Boir Maisi Obșii Odi		
					İ			
2601 SOUTH BAYSHORE DRIVE 2601 S. BAYSHORE DR. MIAMI FL 33133-5461 LEGAL DEPT. SUITE 900 MIAMI FL 33133					00	NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or	Qualifed		
					03/11/1996			
Principal Place of Business Za. Mailing Address					4. FEI Number		<u> </u>	plied For
21 26					65-0660069			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status	Desired 💢	\$8.75 A Fee Re	
27					C. Flaction Compaign I		\$5.00	
City & State City & State 28					Election Campaign F Trust Fund Contribut	1 1	Added to	
Zip Country Zip			Country	Country 8. This corporation owes the			Intangible	
24	25		30		Personal Property T	ax.	☐ Yes	□No
	9. Name and Address of Curren				10. Name and Address		d Agent	
			81	Name				
GOLDMAN, JOEL K				Street	Address (P.O. Box Number is N	ot Acceptable)		
2601 SOUTH BAYSHORE DRIVE						<u> </u>		_
9TH FLOOR			83					
MIAN	AI FL 33133		84	City			85 Zip C	Code
				L		F		aistored
11. Pursuant office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida, Such change was aut	s, the above thorized by	e-named the corpo	corporation submits this stateme oration's board of directors. I he	ent for the purpose reby accept the app	or changing its pointment as re	gistered
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, Florid	da Statutes	. `	·			
SIGNATURE		The state of the s	3	1 -1-mature -	required when reinstating)	DATE		
12,	Signature, typed or printed name of registered ager	D DIRECTORS	13.	it signature i	ADDITIONS/CHANGE		AND DIRECTO	RS IN 12
TITLE	VD DELETE		1.1 TITLE		V/AS/C		☐ Change	X Addition
NAME I	JEFFREY, THOMAS W				Cook, Paula			
STREET ADDRESS	2601 SOUTH BAYSHORE DRIV	F	1.3 STREET	ADDRESS	2601 S. Bayshore	Drive		
CITY-ST-ZiP	MIAMI FL 33133	•	1.4 CITY-S		Miami FL 33133			
TITLE	D	☐ DELETE	2.1 TITLE		V		☐ Change	X Addition
NAME	RUTHERFORD, J. LARRY		22 NAME Las		Laguardia, John			
STREET ADDRESS	2601 SOUTH BAYSHORE DRIV	E	2.3 STREET	ADDRESS	2601 S. Bayshore	Drive		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-S	T-ZIP	Miami FL 33133			
TITLE	VD	☐ DELETE	3.1 TITLE		VS		Change	X Addition
NAME	WOODBURY, KIMBALL D				Goldman, Joel K.			
STREET ADDRESS			-		2601 S. Bayshore	Drive		
CITY-ST-ZIP	MIAMI FL 33133		3.4. CITY-S	T-ZIP	Miami FL 33133			
TILE	P	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME	GILLETTE, J. THOMAS III		4. 2 NAME					
STREET ADDRESS	2601 SOUTH BAYSHORE DRIV	Œ	4.3 STREET	TADORESS				
CITY-ST-ZIP	MIAMI FL 33133		4.4 CITY-S	T-ZIP				□ 4 3 3 8 3
TITLE	VAS	DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME	LANGLEY, MARCIA H		5.2 NAME				, t	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIV	E	5.3 STREET					
CITY-ST-ZIP	MIAMI FL	- Constant	5.4 CITY- \$' 6.1 TITLE	T-ZIP			Change	☐ Addition
TITLE	VT DELETE		6.2 NAME					
NAME	FISCHER, JOHN H	_		* ADDDEC^				
STREET ADDRESS		E	1	ADDRESS				,
CITY-ST-ZIP	MIAMI FL 33133		6.4 CITY-S	I-ZIP	1			

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 affectment with an address, with all other like empowered.

SIGNATURE:

MIAMI FL 33133

required