

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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90045 018 ***158.75

DOCUMENT # P96000034183

1. Corporation Name

SHELBY DEVELOPMENTS, INC.

Principal Place of Business

9050 PINES BLVD
STE 250
PEMBROKE PINES FL 33024

Mailing Address

9050 PINES BLVD
STE 250
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1996

4. FEI Number

65-0663432

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2825 University Dr

Suite, Apt. #, etc.

Suite 300

City & State

Coral Springs, FL

Zip

33065

Country

USA

2a. Mailing Address

2825 University Dr

Suite, Apt. #, etc.

Suite 300

City & State

Coral Springs, FL

Zip

33065

Country

USA

9. Name and Address of Current Registered Agent

SIMON, ERIC A
9050 PINES BLVD
STE 250
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name

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

2825 University Drive

83 Suite 300

84 City

Coral Springs

FL

85 Zip Code

33065

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.

2/22/98

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

TITLE PD ☐ DELETE

NAME SHELLEY, ROBERT
STREET ADDRESS 9050 PINES BLVD, STE 250
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE DVST ☐ DELETE

NAME SIMON, ERIC A
STREET ADDRESS 9050 PINES BLVD., STE 250
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE VP ☐ DELETE

NAME MYERSON, JOSEPH
STREET ADDRESS 9050 PINES BLVD., STE 250
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 2825 University Dr #300
1.4 CITY-ST-ZIP Coral Springs, FL 33065

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 2825 University Dr. #300
2.4 CITY-ST-ZIP Coral Springs, FL 33065

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 2825 University Dr. #300
3.4 CITY-ST-ZIP Coral Springs, FL 33065

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

Eric A Simon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/98

954-757-9300

Date

Daytime Phone #

CR2E034 (1/1/98)