

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90031 003 ***150.00

DOCUMENT # P96000041496

1. Corporation Name

MIDLAND LAKES DEVELOPMENT CORPORATION

Principal Place of Business

800 SE 3RD AVENUE #500
FORT LAUDERDALE FL 33316

Mailing Address

800 SE 3RD AVENUE #500
FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1996

4. FEI Number

65-0684858

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

21 800 SE 3rd Avenue

Suite, Apt. #, etc.

22 Suite 400

City & State

23 Fort Lauderdale, FL

Zip

24 33316

Country

25 USA

2a. Mailing Address

26 800 SE 3rd Avenue

Suite, Apt. #, etc.

27 Suite 400

City & State

28 Fort Lauderdale, FL

Zip

29 33316

Country

30 USA

9. Name and Address of Current Registered Agent

HALE, CHRISTOPHER D ESQ
800 SE 3RD AVENUE #500
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

HALE, Christopher D., Esquire

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

800 SE 3rd Avenue

83

Suite 400

84

City

Fort Lauderdale

FL

85

Zip Code
33316

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

TITLE D
NAME DEUSCHLE, BRIAN C
STREET ADDRESS 800 SE 3RD AVENUE #500
CITY-ST-ZIP FORT LAUDERDALE FL 33316

☐ DELETE

TITLE VPD
NAME DEUSCHLE, BRIAN C.
STREET ADDRESS 800 SE 3RD AVENUE #500
CITY-ST-ZIP FT. LAUDERDALE FL 33316

☒ DELETE

TITLE PD
NAME HAYES, JEFFREY K.
STREET ADDRESS 3 BETHESDA METRO CENTRE, SUITE 700
CITY-ST-ZIP BETHESDA MD 20814

☒ DELETE

TITLE VPD
NAME BENNETT, TOM W.
STREET ADDRESS 4031 NE 6TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33334

☐ DELETE

TITLE OS
NAME PEACOCK, ROBERT
STREET ADDRESS 41 OAKLEY AVENUE
CITY-ST-ZIP SUMMITT NJ 07901

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D-VP
1.2 NAME DEUSCHLE, Brian C.
1.3 STREET ADDRESS 800 SE 3rd Avenue, Suite 400
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33316

☒ Change ☐ Addition

2.1 TITLE D
2.2 NAME MORGAN, Daniel J.
2.3 STREET ADDRESS 7040 West Palmetto Park Road, Suite 563
2.4 CITY-ST-ZIP Boca Raton, FL 33433

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE P-D
4.2 NAME BENNETT, Tom W.
4.3 STREET ADDRESS 7380 Sandlake Road, Suite 600
4.4 CITY-ST-ZIP Orlando, FL 32819

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)