PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000046527

FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90002 050 ***158.75

H&PL	AND DEVELOPERS, INC.					:
Principal Plac	e of Business	Mailing Address		V CAMITABL JUM JUSTIN METTY MUNIC MANIL	(19 OLBIA AIIAI BISCA 11011 (EO1 502)	ļ
11498-PIERSOF		-11486-PIERSON-ROAD				•
+ STE #C-1	* nonu	STE-#C-1		ļ		
WELLINGTON-FL 93414 WELLINGTON-FL 93414			DO NOT WRITE IN THIS SPACE			
US		48-		3. Date Incorporated or Qualifed		!
	-			06/03/1996		Ι.
2. Principal P	lace of Business	2a. Mailing Address	21007	4. FEI Number	Applied For	1 :
21 20.	Box 210811	28 P.U. BOX	<u> </u>	65-0675143	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, stc.		_5Certificate of Status Desired	\$8.75 Additional	يد
22		27			Fee Required	i
23 KON	21 Palm Beach, FL	ZE ROVAL PAIN	beach, FL	6. Election Campaign Financing Trust Fund Contribution	\$5:00 May Be Added to Fees	
24 3	342 25 USA	29 3342/ 3	io WSA	 This corporation owes the current year Personal Property Tax. 	∑Yes ☐ No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registers	d Agent	
			81 Name			
	RPORATION SERVICE COMPANY		82 Street Add	dress (P.O. Box Number is Not Acceptable)		l
	HAYS STREET					٠
TALI	LAHASSEE FL 32301		83		-	
			84 City		85 Zip Code	
			G- City	F		١.
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	s, the above-named cor	maration submits this statement for the numose	of changing its registered	
11. Pursuant office or r agent. I a SIGNATURE	egisterad agent, or both, in the State of im familiar with, and accept the obligation	ons of, Section 607.0505, Flork	to Statutes.	rporation submits this statement for the purpose tion's board of directors, I hereby accept the app	of changing its registered pointment as registered	
office of F agent, I a SIGNATURE	egistered agent, or both, in the state of im familiar with, and accept the obligation Signature, typed or printed name of registered agent in	ons of, Section 607.0505, Flork and title if applicable. (NOTE: F	to Statutes, logistared Agent signature requi	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app and when relations) DATE		(98)-
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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 equival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ceth; 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:

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