FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90141 047 ***158.75

Addition

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000051317

1. Corporation Name

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

JSD DEVELOPMENT, INC.

Principal Place of Business Mailing Address					1188888	16 410 10119 01141 01141 00111 00111 0011	i năimi dicat linea (519	4 SIQIL 1884 1881	
ROGER DEAN STADIUM. 4751 MAIN STREET ROGER DEAN STADIUM.			O BOX 8	929					
P.O. BOX 3566						•			
JUPITER FL 33458						DO NOT WRITE IN	THIS SPACE		
00		U\$			· ·	orated or Qualifed			
O Dein da at I	D				06/14/19		ŧ		
Principal Place of Business 2a. Mailing Address					4. FEI Number		Ap	plied For	
21 26					65-06991	<u>20 </u>	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					E Cortifonto of	Status DesiredX	\$8.75	Additional	
22	27			S. Sprincate of	Sizius desileu M	Fee Re	quired		
City & Sta	ite	City & State	City & State			праign Financing	\$5.00	May Be	
23		28		Trust Fund (Added t			
Zip Country Zip			Coun	try	8. This corpora	8. This corporation owes the current year intangible			
24 25					Personal Pro		∐Yes	□No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and /	Address of New Regist	ered Agent		
COL	DDODATION SEDVICE COMPANI	v		Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET			5	2 Street	Address (P.O. Box Num	har in Alat Assautable			
				- Oliver	nddress (F.O. BOX NUIII	per is Not Acceptable)			
TALLAHASSEE FL 32301-2525			[8	13					
			L						
			8	4 City			85 Zip C	Code	
	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the obliging signature, typed or printed name of registered agents.	ations of, Section 607.0505, Florid	da Statuti	es.	corporation submits this ration's board of director	statement for the purposits. I hereby accept the a	appointment as reg	registered gistered	
12.		ND DIRECTORS	13.	jent signature i			-	DO 41 40	
TITLE	P	☐ DELETE	1.1 TITLE		ADDITIONS/C	CHANGES TO OFFICER	S AND DIRECTO	Addition	
NAME	LAURIER, CARPENTIER	1.2 NA					□ Change		
STREET ADDRESS	476 JUBILEE CRESCENT REACONSEIG D. O.L.				•				
CITY-ST-ZIP			1.3 STREET ADDRESS					1	
TITLE	DE TOURISEED GO	☐ DELETE	1.4 CITY-						
NAME			2.1 TITLE				Change	☐ Addition	
STREET ADDRESS			2.2 NAME					-	
				ET ADDRESS		•			
CITY-ST-ZIP			2. 4 CITY				· · · · · · · · · · · · · · · · · · ·		
TITLE	☐ DELETE 3.1 TIT		3.1 TITLE				☐ Change	Addition	
NAME			3.2 NAME	i					
STREET ADDRESS 3.		3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				f	
TITLE		DELETE: 4.11		~			☐ Change	☐ Addition	
NAME			4. 2 NAME	.					
STREET ADDRESS			4.3 STREI	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		10.	*	Change	Addition	
NAME				Į.					
STREET ADDRESS			5.2 NAME	- 1					
CITY-ST-ZIP				TADDRESS		kompleta (h. 1946) 1946 - Aries Alexandro, de la Aries (h. 1946) 1946 - Aries Alexandro, de la Aries (h. 1946)			

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.2 NAME

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 our attachment with an address, with all other like empowered.

6.3 STREET ADDRESS