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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90238 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000055140 (3) ✓

1. Corporation Name

FOREIGN PROPERTY DEVELOPMENT & MANAGEMENT, INC.

Principal Place of Business	Mailing Address
116 TREASURE ISLAND CAUSEWAY TREASURE ISLAND FL 33706	116 TREASURE ISLAND CAUSEWAY TREASURE ISLAND FL 33706-4716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/27/1996

2. Principal Place of Business	2a. Mailing Address
21 17740 GULF BLVD Suite, Apt. #, etc.	25 C/O LACHER MCDONALD & CO CPAS Suite, Apt. #, etc.
22 City & State	27 PO BOX 8218 City & State
23 REDINGTON SHORES FL Zip Country	28 MADEIRA BEACH FL Zip Country
24 33708 25 USA	29 33738-8218 30 USA

4. FEI Number	Applied For
59-3459987	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

9. Name and Address of Current Registered Agent

GAYTON, JOSEPH E
 116 TREASURE ISLAND CAUSEWAY
 TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name
CHRISTIAN DITTNER

82 Street Address (P.O. Box Number is Not Acceptable)
C/O LACHER MCDONALD & CO, CPAS

83 PO BOX 8218

84 City
MADEIRA BEACH FL 85 Zip Code
33738

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 of 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 *Christian Dittner* CHRISTIAN DITTNER 4/30/1999

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	<input type="checkbox"/> DELETE
NAME	DITTNER, CHRISTIAN	
STREET ADDRESS	116 TREASURE ISLAND CAUSEWAY	
CITY - ST - ZIP	TREASURE ISLAND FL 33706	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DITTNER, CHRISTIAN	
STREET ADDRESS	116 TREASURE ISLAND CAUSEWAY	
CITY - ST - ZIP	TREASURE ISLAND FL 33706	
TITLE	S/T	<input type="checkbox"/> DELETE
NAME	DITTNER, SYLVIA	
STREET ADDRESS	116 TREASURE ISLAND CAUSEWAY	
CITY - ST - ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	C/O LACHER MCDONALD & CO, CPAS
1.4 CITY - ST - ZIP	MADEIRA BEACH FL 33738-8218
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	C/O LACHER MCDONALD & CO, CPAS
2.4 CITY - ST - ZIP	MADEIRA BEACH FL 33738-8218
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	C/O LACHER MCDONALD & CO, CPAS
3.4 CITY - ST - ZIP	MADEIRA BEACH FL 33738-8218
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Christian Dittner* CHRISTIAN DITTNER 4/30/99 727/397-6614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)