

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

PROFIT
CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
* **Kathegne Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR 23 PM 4:30

DOCUMENT # **P96000055296**

1. Corporation Name

KESTA DEVELOPMENT CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**8267 A THAMES BOULEVARD
BOCA RATON FL 33433**

Mailing Address

**8267 A THAMES BOULEVARD
BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1996

4. FEI Number

65-0692356

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

7040 W Palmetto Park Rd.

2a. Mailing Address

7040 W Palmetto Park Rd.

Suite, Apt. #, etc.

#4, Suite 354

Suite, Apt. #, etc.

#4, Suite 354

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33433

Country

Palm Beach

Zip

33433

Country

Palm Beach

9. Name and Address of Current Registered Agent

**DEWEY, R.I.
8267 A THAMES BOULEVARD
BOCA RATON FL 33433**

81. Name

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

83.

84. City

FL

85. Zip Code

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 **PSTD** ☒ DELETE

NAME **KOFFLER, ADAM**

STREET ADDRESS **8267 A THAMES BOULEVARD**

CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 **PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **ADAM KOFFLER**

1.3 STREET ADDRESS **7040 W PALMETTO PARK ROAD #4, SUITE 354**

1.4 CITY-ST-ZIP **BOCA RATON, FL 33433**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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: **Adam Koffler** Adam Koffler, President 3/21/00 800-607-6233