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

DOCUMENT # P96000059263

VAN DEVELOPMENT, INC.

						.	.6161 6111		11.014		
Principal Place of Business Mailing Address											
17076 DOLPHIN DR 17076 DOLPHIN DR N REDINGTON BEACH FL 33708 N REDINGTON BEACH FL 3			22700								
N REDINGTON	N REDINGTON BEACH FE	EDINGTON BEACH FL 33708			DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated or Qualifed					
						07/16/1996				}	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		\top	Apr	lied For	
26						59-3399867		Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc						5. Certificate of Status Desired			\$8.75 Additional		
22	27				5. Certificate of Status Desired				quired		
City & State	9	City & State	City & State						.00	May Be	
23		28				Trust Fund Contribution Added to Fees				Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year				- n/A	
			30			Personal Property Tax. Yes No N/A					
	9. Name and Address of Curr	ent Registered Agent		04		10. Name and Address of New Registe	red Ag	jent			
VANI	KEYMEULEN, GEORGETTE			81	Name						
17076 DOLPHIN DR				82 Street Address (P.O. Box Number is Not Acceptable)							
N REDINGTON BEACH FL 33708				83							
14.14	.5			83							
				84	City		FL	85	Zip C	ode	
				ĻĹ					og ite	registered	
11. Pursuant i	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statute te of Florida. Such change was at	es, the au uthorized	bove by t	-named co the corpora	orporation submits this statement for the purpos ation's board of directors. I hereby accept the a	ppoint	ment	as ted	jistered	
agent. I ai	m familiar with, and accept the obli	gations of, Section 607.0505, Flor	rida Statı	utes.	•	•				ĺ	
SIGNATURE				• • • • •		uired when reinstating) DAT					
				Agent	signature requ	ADDITIONS/CHANGES TO OFFICERS		DIRE	СТО	RS IN 12	
TITLE			_	13. 1.1 TITLE		ADDITIONAL TO CALLED		Cha		Addition	
	MANUFORMEN CAL ACADACTEC			1.2 NAME				_	-		
NAME				1.3 STREET ADDRESS							
STREET ADDRESS	NI DEDINOTONI DEACH EL 22700									ļ	
CITY-ST-ZIP TITLE				1.4 CITY-ST-ZIP 2.1 TITLE				□ Ch	ange	☐ Addition	
NAME			I I	2.2 NAME							
STREET ADDRESS	ADDECC			2.3 STREET ADDRESS							
1	100			2.4 CITY-ST-ZIP		•				i	
CITY-ST-ZIP				3.1 TITLE				Ch:	ange	Addition	
NAME	_			3.2 NAME		and the second s	_				
STREET ADDRESS			3.3 \$1	REET	ADDRESS	-111					
CITY-ST-ZIP			3.4. C	ITY-ST	F-ZIP						
TITLE				4.1 TITLE			1	Ch	ange	Addition	
NAME			4.2 N	AME							
STREET ADDRESS			4.3 ST	TREET	ADDRESS						
CITY-ST-ZIP	} 		4.4 CI	TY-ST	- Z!P						
TITLE	***	☐ DELETE	5.1 TI	TLE	İ		-	☐ Ch	ange	☐ Addition	
NAME			5.2 NA	AME						·	
STREET ADDRESS			5.3 ST	REET	ADORESS					{	
CITY-ST-ZIP			5.4 CI	TY-ST	ZIP					<u></u>	

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90140 004 ***150.00



CR2E034 (11/98)

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.

TITLE

NAME

STREET ADDRESS

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Addition

☐ Change