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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9600060856

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 07, 1999 8:00 am Secretary of State

05-07-1999 90093 009 ***150.00

AURORA	A DEVELOPMENT, INC.						
Principal Plac	e of Business	Mailing Address) 1081(00) 110 10110 01111 60111 00111 0111		AIISA ASSI SABS
605 SOTO GRANDE COURT 605 SOTO GRANDE COURT MELBOURNE FL 32940 MELBOURNE FL 32940					DO NOT WOLFE W	LTUIC CDACE	
					DO NOT WRITE IN 3. Date Incorporated or Qualified	THIS SPACE	
					07/22/1996		
2 Principal P	lana of Business	2a. Mailing Address			4. FEI Number	And	plied For
					59-3389992	<u> </u>	t Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	
22 27					5. Certifcate of Status Desired	Fee Re	
City & Stat	le -	City & State	•		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current ye	ear Intangible	
24	25		30		Personal Property Tax.	· -	No
	9. Name and Address of Curre	nt Registered Agent		1	10. Name and Address of New Regis	tered Agent	
coc	CHDAN C D		81	Name			
COCHRAN, C R 605 S FT. GRANDE COURT			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
MELBOURNE FL 32940			00				
ME	BOURNE FE 32540		83	Ì			
			84	City		FL 85 Zip C	Code
SIGNATURE 12.	Signature, typed of printed name of registered age OFFICERS A	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Age	nt signature req	uired when reinstating) D. ADDITIONS/CHANGES TO OFFICE		
TITLE	DVPS DELETE		1.1 TITLE			☐ Change	☐ Addition
NAME	RECICAR, THOMAS S		1.2 NAME	İ			
STREET ADDRESS	986 DOUGLAS AVE SUITE 100		1.3 STREE	TADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY- S	T-ZIP			C A deliking
TITLE	5.		2.1 TITLE			Change	☐ Addition
NAME	000,110,111, 0.11		2.2 NAME				ļ
STREET ADORESS				TADDRESS			1
CITY-ST-ZIP	MELBOURNE FL 32940		2.4 CITY-1	ST-ZIP		Change	Addition
TITLE	-		3.1 TITLE			Change	Addition
NAME			3.2 NAME	T ADODECC			
STREET ADDRESS			3.4 CITY-	T ADDRESS			
CITY-ST-ZIP TITLE			4.1 TITLE	31-21		☐ Change	Addition
NAME		_	4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	i			
TITLE			5.1 TITLE	· · · · ·		Change	Addition
NAME	•		5.2 NAME				{
STREET ADDRESS	,		5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			

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 of any attrachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)

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