

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90047 002 ***150.00

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1. Corporation Name
MELK FLORIDA DEVELOPMENT, CORP.

Principal Place of Business
200 S. BISCAYNE BLVD.
SUITE 2100
MIAMI FL 33131

Mailing Address
200 S. BISCAYNE BLVD.
SUITE 2100
MIAMI FL 33131-2310

3. Date Incorporated or Qualified
08/30/1996

3a. Date of Last Report

4. FEI Number
65-6767623

Applied For
If Not Applicable

2. Principal Place of Business
21: 1211 East Las Olas Blvd
26: 1211 East Las Olas Blvd

5. Date of Status Desired \$8.75 Additional Fee Required

22: Ft. Lauderdale FL
27: Ft. Lauderdale FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23: 33301
25: 33301
29: 33301
30: 301

8. This corporation has liability for transactions under s. 199.022, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEAR, DAVID
200 S. BISCAYNE BLVD.
SUITE 2100
MIAMI FL 33131

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS DELETE CHANGE ADDITION

TITLE	0	<input type="checkbox"/> DELETE
NAME	MELK, JOHN	
STREET ADDRESS	200 S. BISCAYNE BLVD. SUITE 2100	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information furnished with this filing does not contravene the information stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or biennial annual report is true and accurate and that my signature shall have the same legal effect as if made under oath by an officer or director of the corporation or trustee and, except to the extent and report is governed by Chapter 117, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR