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

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90081 040 ***150.00

DOCUMENT #	P9600008434	7
. C	1 0000000	ŧ

1. Corporation Name

FINESTRA DEVELOPMENT CORPORATION

Principal Place	e of Business	Mailing Address							
2650 N MILITAR	Y TRAIL	2650 N MILITARY TRAIL							
		SUITE 230				DO NOT WRITE IN THIS SPACE			
BOCA RATON F US	L 33431	BOCA RATON FL 33431 US				3. Date Incorporated or Qualifed	011102		
03		00				10/11/1996			
D. Deiening Of	and of Dunings	2a. Mailing Address				4. FEI Number		Applied For	
- i '	- ' ├ ¬					65-0701396		Not Applicable	
Suite, Apt.	26 Apt. #, etc. Suite, Apt. #, etc.					03 070 1380	Additional		
	#, G IC.	-			ĺ	5. Certifcate of Status Desired		Required	
City & State		City & State				6. Election Campaign Financing	\$5.0	0 May Be	
— '	•	28			i	Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Countr	~		8. This corporation owes the current year Int			
	25		30			Personal Property Tax.	Yes	□No	
24	9. Name and Address of Current		- J		10. Name and Address of New Registered Agent				
	5. Hame and Address of Current	registered rigent	8	1 Na	ame	10.	y	-	
COB	B, THOMAS C	_							
	SW FIRST AVENUE		82	2 St	reet Addres	s (P.O. Box Number is Not Acceptable)			
STE			8:	<u> </u>					
	AI FL 33130	1/	"	1					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7	84	4 Ci	ty	FL	85 Zi	p Code	
11. Pursuant	to the provisions of Sections 607.0502	and 507 1508, Florida Statutes	s, the abov	ve-na	med corpor	ation submits this statement for the purpose of	changing	its registered	
office or n agent. I a	egistered agent, or both, if the State of mailiar with and accorpt the abligation	ond Such change was au ons , Section 607.0505, Flori	thorized by da Statute	y the is.	corporation'	ation submits this statement for the purpose of is board of directors. I hereby accept the appo	intment as	registered	
SIGNATURE	v //W/17	/ '				V [28]	7 /		
	Signature, typed in printed name of registered agent			ent sign	ature required w		10.01050	TODO 11 40	
12.	OFFICERS AND	DELETE	13.		_ ,	ADDITIONS/CHANGES TO OFFICERS AN	UD DIREC ☐ Chang		
TITLE	D	□ nefele	1.1 TITLE				[] Onang	C []//demail	
NAME	SIMS, STEVEN		1.2 NAME		ŀ				
STREET ADDRESS	Page 110 Indiana, and and		1.3 STRE	ET ADDI	RESS				
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-	ST-ZIP				- FT Addition	
TITLE	D	☐ DELETE	2.1 TITLE		-		☐ Chang	e Addition	
NAME	KOTTLER, MARK		2.2 NAME						
STREET ADDRESS	2650 NO MILITARY RAIL STE 23	30	2.3 STRE	ET ADD	RESS	,			
CITY-ST-ZIP	BOCA RATON FL 33431		2. 4 CITY-	-ST-ZIP	<u> </u>				
TITLE	D	☐ DELETE	TE 3.1 TITLE				Chang	e	
NAME	PANARITES, GEORGE		3.2 NAME						
STREET ADDRESS	2650 NO MILITARY RAIL STE 2	30	3.3 STRE	ET ADD	RESS			ľ	
CITY-ST-ZIP	BOCA RATON FL 33431		3.4. CITY-	-ST-ZIP					
TITLE	D	☐ DELETE	4,1 TITLE				Chang	e Addition	
NAME	CANZONETTA, VICTORIA		4. 2 NAM	E	1)	
STREET ADDRESS	2650 NO MILITARY RAIL STE 2	30	4.3 STRE	ET ADD	RESS			Ì	
CiTY-ST-ZiP	BOCA RATON FL 33431		4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		_		Chang	e Addition	
NAME			52 NAME	•				\	
STREET ADDRESS			5.3 STRE	ET ADO	RESS			ł	
			5.4 CITY-					J	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		_		Chang	e Addition	
		<u> </u>	6.2 NAME	Ē			·		
NAME OTDEET ADDRESS			63 STRE		RESS				
STREET ADDRESS			6.4 CITY-		i				
CITY-ST-ZIP			0.1 0,1))				

14. I hereby certify that the information supplied with this filing does not qualify fer 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 feceiver or further employed 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 attagrament with an additions with all other like empowered.

SIGNATURE:

SNATURE AND TYPED OR PRINTED MAINE OF SIGNING OFFICER OR DIRECTOR

x 4/28/9

Daytime Phone #

CR2E034 (11/9)