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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000086908

QUINNIPIACK REAL ESTATE & DEVELOPMENT CORPORATIO

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

03-10-1999 90159 013 ***150.00



21 26 65-0706752 Not Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 5. Certificate of Status Desired Fee Rec City & State City & State City & State From Trust Fund Contribution Added to Zip Country Zip Country 8, This corporation owes the current year Intangible	plied For t Applicable dditional quired May Be
SINGER ISLAND FL 33404 SINGER ISLAND FL 33404 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/15/1996 2. Principal Place of Business 2a. Mailing Address 26 Suite, Apt. #, etc. 5. Certifcate of Status Desired 7. City & State 65-0706752 5. Certifcate of Status Desired 7. Election Campaign Financing 7. Trust Fund Contribution 7. Apt. # Fee Rec. 7. City & State 7. Country 7. Zip 7. Country 7. Zip 7. Country 7. Zip 7. Country 8. This corporation owes the current year Intangible 7. Personal Property Tax. 9. Name and Address of Current Registered Agent HAMBY, LOUIS L III 321 ROYAL POINCIANA PLAZA SINGER ISLAND FL 33404 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/15/1996 4. FEI Number 5. Certifcate of Status Desired 7. Election Campaign Financing 7. Stood Added to 8. This corporation owes the current year Intangible 8. This corporation owe	t Applicable udditional quired May Be p Fees
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Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes 9. Name and Address of Current Registered Agent HAMBY, LOUIS L III 321 ROYAL POINCIANA PLAZA Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	ĭ€No
9. Name and Address of Current Registered Agent HAMBY, LOUIS L III 321 ROYAL POINCIANA PLAZA 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	Mo September 1
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HAMBY, LOUIS L III 321 ROYAL POINCIANA PLAZA 82 Street Address (P.O. Box Number is Not Acceptable)	
HAMBY, LOUIS L III 321 ROYAL POINCIANA PLAZA 82 Street Address (P.O. Box Number is Not Acceptable)	
321 ROYAL POINCIANA PLAZA	
84 City FL 85 Zip C	ode
to the got of the purpose of changing its	registered
11. Pursuant to the provisions of Sections of 07.0502 and 607.1506, Florida Statutes, the above-trained corporation's board of directors. I hereby accept the appointment as 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.	jistered
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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE PTD DELETE 1.1 TITLE	☐ Addition
NAME FARRICELLI, JOSEPH J 1.2 NAME	1
STREET ADDRESS 2800 N OCEAN DR B-21 1.3 STREET ADDRESS	·
CITY-ST-ZIP SINGER ISLAND FL 14 CITY-ST-ZIP	
TITLE VPSD DELETE 2.1 TITLE Change	Addition
NAME FARRICIELLI, JEAN L 22 NAME	ļ
STREET ADDRESS 2800 N OCEAN DR B-21 2.3 STREET ADDRESS	ľ
CITY-ST-ZIP SINGER ISLAND FL 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	Addition
NAME FARRICIELLI, JOSEPH J 32 NAME	!
STREET ADDRESS 53 MONTOYA DR 3.3 STREET ADDRESS	
CITY-ST-ZIP BRANFORD CT 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE Change	☐ Addition
NAME FARRICIELLI, JOSEPH J 4.2 NAME	Í
STREET ADDRESS 104 CHERRY HILL RD 4.3 STREET ADDRESS	ļ
CITY-ST-ZIP BRANFORD CT 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE . Change	Addition
NAME 52 NAME	
STREET ADDRESS 53 STREET ADDRESS .	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE Change	Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	}
CITY-ST-ZIP 6.4 CITY-ST-ZIP	•

14. I hereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental almust report is true and accuration of the composition of the received or rustee empowered open Block 12 or Block 13 if oranged, or or an attachment with an address, with all the received or rustee. he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information are and that my signature shall have the same legal effect as if made under oath; that I am an excite this report as required by Chapter 607, Florida Statutes; and that my name appears in er like empowered.

SIGNATURE:

288-0515