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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000093830

1. Corporation Name

STREET ADDRESS

CUNVER	GE DEVELOPMENT CORF										
Principal Place	e of Business		g Address								
7945 PALMER BLVD 7945 PALMER BLVD SARASOTA FL 34240 SARASOTA FL 34240											
SARASOTA FL 34240 SARASOTA FL 34240								DO NO	T WRITE I <mark>N T</mark> H	IS SPACE	
								3. Date incorporated or Qu	alifed		
		_						11/12/1996			
2. Principal Pl	lace of Business: **-	2a. Ma	ailing:Address :					4. FEI Number	´	⊢ + − •	oplied For
21		26						65-0710372			ot Applicable
Suite, Apt. :	#, etc.	⊢ ¬	iite, Apt. #, etc.					5. Certifcate of Status Des	ired 🔲	•	Additional equired
City & State		27 Ci	ty & State		-			6. Election Campaign Fina	ncina		May Be
23	e .	28	iy a Olalo					Trust Fund Contribution		•	to Fees
Zip	Country	Zir	p		Country	,		8. This corporation owes to	ne current year	ntangible	
24	25	29		30				Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	ent Registere	ed Agent					10. Name and Address of	New Registere	d Agent	
LLIII O	ON FOWADD O				81	Na	me				
	SON EDWARD C				82	Sti	eet Addre	ess (P.O. Box Number is Not A	(cceptable)		_
•	PINE RANCH TRIAL REY FL 34229					┡					
USF	NET FL 34229				83						
	,				84	Cit	у		F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.	1508, Florida Statu	tes, th	ne above	e-nar	ned corpo	pration submits this statement	for the purpose	of changing its	registered
office or p	agistered agent or both in the Stat	te of Florida. 3	Such change was a	าบเทดก	izea ov	*h	comoratio	n's board of directors. I hereby	accept the app	ointment as re	egistered
anent La	m familiar with, and accept the oblid	nations of Se	ction 607.0505. Flo	orida S	Statutes						
agent. I a	m familiar with, and accept the oblig	gations of, Se	ection 607.0505, Flo	orida S	Statutes	ine (
agent. I a	m familiar with, and accept the oblig	gations of, Se	ection 607.0505, Fig	E: Regis	stered Agen	.		when reinstating)	DATE		
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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 o) an attachment with an address, with all other like empowered.

MAR 1 7 1999

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #