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

DOCUMENT # P9700006549

1. Corporation Name

PYRAMID DEVELOPMENT CORPORATION

May 10, 1999 8:00 am Secretary of State 05-10-1999 90102 038 ***150.00



Principal Place of Business Mailing Address						- I IBBI(\$BBI 118 IBII1 IBBI1 BBI11 96	164 8 8 191 8 8	ili Mälin misas attit i	97819 1871 1881
11682 MELLOW COURT 11682 MELLOW COURT ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 3341			3411						
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 01/17/1997			
Principal Place of Business 2a. Mailing Address						4. FEI Number		Api	plied For
21 26						65-0712221	- 6		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		58.75 / 58 / 5 Fee Re	dditional quired
City & State 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 curr	ent year		
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent		<u> </u>		10. Name and Address of New R	Registere	ed Agent	
9710	ED, JOHN		18		ame				
11682 MELLOW COURT ROYAL PALM BEACH FL 33411			8	2 Sti	reet Addre	dress (P.O. Box Number is Not Acceptable)			
			8	3					
			8	4 Cit	hv			85 Zip C	ode
			-		•		F	L	
11. Pursuant	to the provisions of Sections 607.050. egistered agent, or both, in the State	2 and 607.1508, Florida Statute	s, the abo	ve-nar	ned corpo	ration submits this statement for the	purpose of the ap	of changing its pointment as red	registered gistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flor	ida Statute	s.					
SIGNATURE									
<u> </u>	Signature, typed or printed name of registered agen	<u>-''</u>		ent sign:	ature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE	AND DIRECTO	RS IN 12
12.	D OFFICERS AN	ID DIRECTORS	13.	1.1 TITLE		ADDITIONS/CHANGES TO OF	FICERS	Change	Addition
NAME			1.2 NAM						İ
STREET ADDRESS	AT A AMBURATED A BLUE LINES A			ET ADDF	RESS				
CITY-ST-ZIP				ST-ZIP		*			
TITLE			2.1 TITLE					Change	Addition
NAME	- ,		2.2 NAME	2.2 NAME					-
STREET ADDRESS	6 1		2.3 STRE	ET ADDR	RESS				
CITY-ST-ZIP	TOWN THE PERSON FOR ARREST		2.4 CITY	-ST-ZIP	<u> </u>				
TITLE			3.1 TITLE					Change	☐ Addition
NAME	SZWED, SOPHIE 32N		3.2 NAME	E					
STREET ADDRESS	20 DICK ST		3.3 STRE	ET ADD	RESS				
CITY-ST-ZIP			3.4. CITY	ST-ZIP				E	
TITLE			4.1 TITLE	4.1 TITLE				Change	☐ Addition
NAME	OE11CO, 11C1		4. 2 NAM	4. 2 NAME					
STREET ADORESS	20 DICK ST		4.3 STRE	ET ADD	RESS				
CITY-ST-ZIP			_	4.4 CITY-ST-ZIP				[7] Changa	Addition
TITLE		DELETE 5.1T				☐ Change			
NAME			5.2 NAMI		areė				
STREET ADDRESS			5.3 STRE		7E35				
C/TY-ST-ZIP	*	DELETE	5.4 CITY 6.1 TITLE					Change	Addition
TITLE		∐ D£LE1E	6.2 NAM					T"I custifie	
NAME :				3 STREET ADORESS					
STREET ADORESS	1.		0.3 3 PG	וטשה ו ב	1233				

CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: