Applied For Not Applicable

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

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90055 045 ***150.00

DOCUMENT # P9700023538

1. Corpora	EVELOPMENT COMPANY, IN	C.						
Principal Pl	Principal Place of Business Mailing Address				1 122122 10 1011 1021 0011 0011			
7282 BALLANTREE COURT 7282 BALLANTREE COURT BOCA RATON FL 33496 BOCA RATON FL 33496					DO NOT WRITE IN THIS SPACE			
			_		3. Date Incorporated or Qualifed 03/17/1997			
2. Principa	l Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26	_		<u>65-0737020</u>		Not Applica	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	5. Certifcate of Status Desired \$8.75 Addi Fee Requir		
City & State City & State					6. Election Campaign Financing Trust Fund Contribution - *\$5.00 May Be Added to Fees			
Zip	Country 25	Zip 30	Country	,	This corporation owes the current year In Personal Property Tax.	ntangible Z Yes	□No	
		Name and Address of Current Registered Agent			10. Name and Address of New Registered	Agent		
HALPERT, ALAN 7282 BALLANTREE COURT				Name Street Ac	ddress (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33496			83					
[] [84	City	F	_ <u> </u>	Zip Code	
	ant to the provisions of Sections 607.050 or registered agent, or both, in the State I am familiar with, and accept the obliga	of Florida, Such change was auth	ionzed by	ine comor	orporation submits this statement for the purpose or ation's board of directors. I hereby accept the appora-	of changin pintment a	ig its registere as registered	
SIGNATUR	RE	AIOTE D	valetored #==	t eignoture sog	quired when reinstating) DATE			
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13.	r adhiarnia (ad	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 12	
TITLE	PSTD	DELETE	1.1 TITLE			Cha		
111111111111111111111111111111111111111	LIALDEDT ALAM		42 11115					

SIGNATURE					
GIGHATORE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature re			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PSTD DELETE	1.1 TITLE		Change	☐ Addition
NAME	HALPERT, ALAN	1.2 NAME			
STREET ADDRESS	7282 BALLANTREE COURT	1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33496	1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS	•		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP			
TITLE	DELETE	3.1 TITLE	<u></u>	Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY- ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change	□ Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 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 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.

SIGNATURE: