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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🚁

FILED

Apr 15 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

Principal Place of Business

CITY-ST-ZIP

2400 EAST LAS OLAS BLVD

P97000064838 (0)

Mailing Address

2400 EAST LAS OLAS BLVD

TIMBERLAND DEVELOPMENT GROUP, INC.

SUITE 178 **\$UITE 178** DO NOT WRITE IN THIS SPACE FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 3. Date Incorporated or Qualified 07/28/1997 2a. Mailing Address Applied For 2. Principal Place of Business 26 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 Personal Property Tax due June 30. ☐ Yes 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **B1** AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 R4 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE Change 1.1 TITLE TITLE PROVOST, MICHAEL G 1.2 NAME NAME 2400 E LAS OLAS BLVD, STE 178 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change VD TITLE 2.1 TITLE ROTH, RICHARD J NAME 2.2 NAME 2400 E LAS OLAS BLVD, STE 178 STREET ADDRESS 2.3 STREET ADDRESS FORT LAUDERDALE FL 33301 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change TITLE 3.1 TITLE PROVOST, HENRIETTA 3.2 NAME NAME 2400 E LAS OLAS BLVD. STE 178 STREET ADDRESS 3.3 STREET ADDRESS FORT LAUDERDALE FL 33301 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ■ Additio 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Addili Addili DELETE ☐ Change 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS

64 CITY-ST-ZIP

14. 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 informatic 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 attaching on with an address.