## 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 # P97000072226

P T B DEVELOPMENT, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

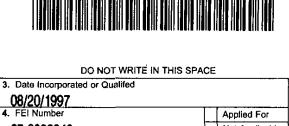
2a. Mailing Address

2499 GLADES RD., STE, 114 BOCA RATON FL 33431

2499 GLADES RD., STE. 114 **BOCA RATON FL 33431** 

## **FILED** Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90174 034 \*\*\*150.00



	•				""			Application		
11		26			) 6	5-0822348		Not Applicable		
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			Certificate of Status Desired		75 Additional e Required		
:3]	City & State	28	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees		
4	Zip Country 25	<b>29</b>	Zip Cou	ntry	U.	This corporation owes the current year Intar Personal Property Tax.	ngible ∐Yes	⊠No		
	9. Name and Address of Current R	egis	tered Agent	10. Name and Address of New Registered Agent						
	POPKIN & SHURPIN, P.A.			81	Name					
2499 GLADES RD., STE. 114				82	Street Address (P.O. Box Number is Not Acceptable)					
	BOCA RATON FL 33431			83						
					City		85	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)  DATE												
12.	OFFICERS AN		13.		/CHANGES TO	OFFICERS AN	ID DIRECTO	2S IN 12				
TITLE	DV	DELETE ·	1.1 TITLE	ADD/HORE	JOHN WOLD TO	O T TOLING ALL	Change	Addition				
NAME	POPKIN, BARBARA		1.2 NAME				_ •	_				
	2499 GLADES RD., STE. 114		1.3 STREET ADDRESS									
	BOCA RATON FL 33431		1.4 CITY-ST-ZIP									
TITLE	DPT	☐ DELETE	2.1 TITLE				☐ Change	Addition				
NAME	HOWELL, PAMELA		2.2 NAME	,								
	2499 GLADES RD., STE. 114		2.3 STREET ADDRESS									
	BOCA RATON FL 33431	~ ~	2.4 CITY-ST-ZIP	ment company	-							
TITLE	DS	☐ DELETE	3.1 TITLE	<del>1</del>		-	☐ Change	☐ Addition				
NAME	ALBANESE, TARA		3.2 NAME									
	2499 GLADES RD., STE. 114		3.3 STREET ADDRESS		-							
	BOCA RATON FL 33431		3.4. CITY-ST-ZIP		2							
TITLE		☐ DELETE	4.1 TITLE				Change	Addition				
NAME			4. 2 NAME									
STREET ADDRESS			4.3 STREET ADDRESS									
CITY-ST-ZIP			4.4 CfTY+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									
πLE		☐ DELETE	6.1 TITLE				Change	☐ Addition				
NAME			6.2 NAME									
STREET ADDRESS		ı	6.3 STREET ADDRESS					ļ				
C/TY-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 or apartichment with an address, with all other like empowered.

SIGNATURE: