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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000082258**1. Corporation Name

FILED Feb 13, 1999 8:00am **Secretary of State**

02-13-1999 90031 028 ***150.00

A.P.R. D	EVELOPERS, INC.							
Principal Place	e of Business	Mailing Address				#1 18148 (1818 HRB)		
7138 AYRSHIRE	E LANE	7138 AYRSHIRE LANE					144	
BOCA RATON FL 33496		BOCA RATON FL 33496			DO NOT WOITE IN THE	IC CDACE		
					DO NOT WRITE IN THI 3. Date incorporated or Qualifed	S SPACE		
					09/24/1997		•	
a Bringing B	Place of Business	2a, Mailing Address			4, FEI Number	- An	plied For	
-	race or business	<u> </u>			65-0782728		t Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 A		,
22	, c.c.	27			5. Certifcate of Status Desired	Fee Re	-	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	- 1	
Zip	Country	Zip	Countr	у	8. This corporation owes the current year !	ntangible		
24	25	29	30		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Cur	rent Registered Agent		.1	10. Name and Address of New Registere	d Agent		
			8	1 Name	•			
	SEN, ARNOLD		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)	71.00 em e		
	B'AYRSHIRE LANE				1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
800	CA RATON FL 33496		8:	3				
			8	4 City	** ** ** ** ** ** ** ** ** ** ** ** **	85 *Zip (Code	
					L			
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statut	es, the abo	ve-named cor	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered	
11. Pursuant office or ragent. I a	am familiar with, and accept the obl	ligations of, Section 607.0505, Flo	nda Statute	ıs.	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered	6
agent. I a	am familiar with, and accept the obl Signature, typed or printed name of registered	ligations of, Section 607.0505, Flo	nda Statute	ıs.		AND DIRECTO	RS IN 12	1/98)
agent. I a	am familiar with, and accept the obl Signature, typed or printed name of registered	agent and title if applicable (NOTE	Registered Ag	ent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A			(11/98)
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______