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PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700098320 1. Corporation Name

CORONA LAND DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

7496 MAHOGANY BEND PLACE **BOCA RATON FL 33434** 

7496 MAHOGANY BEND PLACE **BOCA RATON FL 33434** 

2. Principat Plac	pe of Business	2a.	Mailing Addres	·s			
21		[26]					
Suite, Apt. #,	etc	L.	Suite, Apt #, e	tc.			
22		27					
City & State		1.	City & State				
23		28					
Zıp	Country	[ .	Ζφ	Country			
24	25]	29		30			
9. Name and Address of Current Registered Agent							

BERK, ARTHUR J

848 BRICKELL AVE. SUITE 200

**MIAMI FL 33131** 

Katherine Harris

59 APR 26 PH 1:44

## DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1997

4 F£ I Number

65-0795750

5. Certificate of Status Desired

6, Election Campaign Emancing

Fee Required \$5.00 May Be Added to Fees

Applied For

Not Applicable \$8.75 Additional

Trust Fund Contribution 8. This corporation owes the current year Intangible

[No.

Personal Property Tax

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

в3

84

11. Pursuant to the provisions of Sections 697,0502 and 697,1508, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

SIGNATURE

CiTY-ST-ZIP

STREET ADDRESS

CITY-S1-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Signature type to proceed name of registive Layer tar 1 bits if any histories 12. OFFICERS AND DIRECTORS 13. LIDELETE TITLE MASCHLER, SHELDON NAME 1.2 NAME 7496 MAHOGANY BEND PLACE STREET ACCRESS **BOCA RATON FL 33434** CITY-ST-ZIP [ | DELETE TITLE NAME STREET ADORESS CITY-ST [ | DELETE TITLE NAME STREET

[ | DELETE

STREET ADDRESS CITY-ST-ZIP [ | DELETE

1.1 TO LE

1.3 STREET ADDRESS 14 CITY-51-26 2 1 Title P

2.2 NAME 2.3.57REELADORESS 2 4 OT1 - S1 - ZF 3.1.1:11E

32 NAME 3.3 STREET ADDIVE: 3.4 City-5\*-26 4.1 TITLE

4 2 NAME 4.3.51REE LADORESS 44 CITY-S1 ZIE 51 THILE

5.3 STREET ADDIRESS 5.4 COY-51-26: 61 TiTLE

52 NAME

[ | DECETE

6.2 NAME 6.3 STREET ADDRESS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

F 1 Change F LAdd tion

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6000002858 -04/30/99--0 3**936** 0116--\*\*\*\*150.00 \*\*\*\*150.00 [ | Change [ ] Add for

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| Change [ ] Addition

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Uturther 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 opticity expression because this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on a pattag first wife an address, with all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR

Dis

Lingto e Problem #