1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000103635

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90094 041 ***150.00

ROBERTA	A HOTCE ROSINESS DE	/ELUPMENT, INC.					
Principal Place	of Business	Mailing Address	-		1 (20)140) (10 (8111 1881) 6211 68111 68111	3101 11011 44100 11110 01100 1	,
16823 SW 79TH PLACE 16823 SW 79TH PLACE							
MIAMI FL 33157 MIAMI FL 33157					DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed		 -
					12/08/1997		
		la Miller Address			4. FEI Number	Apr	lied For
2. Principal Pla	ace of Business	2a. Mailing Address			65-0808139	1—1————	Applicable
21 26 Suite Apt # etc Suite, Apt. #, etc.					03 0000 133	_ \$8.75 A	
Suite, Apr. #, cic.			ф. ж, от.		5. Certificate of Status Desired Fee Required		
22		City & State	_		6. Election Campaign Financing	\$5.00 !	Mav Be
City & State	•	28			Trust Fund Contribution	Added to	-
23 Zip	Country	Zip	Cour	ntry	8. This corporation owes the current	year Intangible	
—	25	<u> </u>	30		Personal Property Tax.	Yes	□No
24	9. Name and Address of Cur				10. Name and Address of New Reg	istered Agent	
				81 Name <i>R</i>	oberta Hulce		
BROWN JAMES D.JR.					ess (P.O. Box Number is Not Acceptable	e)	
228 VALENCIA AVE.				168.	23 S.W. 79#	PLACE	
— CORAL GABLES PL			[83			
			ŀ	84 City		85 Zip C	Code
				m	Am f oration submits this statement for the pu	- FF 333/	157
agent. I a	Signature, typed or printed name of registered	igations of Section 607.0505, Floring Sectio	K	ObeRTA Agent signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE		
TITLE	PSD	☐ DELETE	1.1 TIT	le .		☐ Change	Addition
NAME	HULCE, ROBERTA C		1.2 NA	ME			
STREET ADDRESS	16823 SW 79TH PLACE		1.3 ST	REET ADDRESS			
	MIAMI FL 33157		1.4 CF	ry-st-zip			
CITY-ST-ZIP TITLE	VD	DELETE	2.1 TIT	LE		☐ Change	☐ Addition
NAME	HULCE, JERRY L		2.2 NA	ME			
STREET ADDRESS	ACCORDING TOTAL DIACE		2.3 ST	REET ADDRESS			ĺ
	MIAMI FL 33157		2.4 C	TY-ST-ZIP	<u> </u>	<u> </u>	
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TT			Change	☐ Addition
NAME			3.2 N/	WE			
STREET ADDRESS			3.3 ST	REET ADDRESS			
CITY-ST-ZIP			3.4. C	rty-st-zip			
TITLE		☐ DELETE	4.1 Ti			☐ Change	Addition
NAME			4.2 N	AME			
STREET ADDRESS			4.3 ST	TREET ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	5.1 TI	TLE .	· ·	☐ Change	☐ Addition
NAME			5.2 N	AME	•		,
STREET ADDRESS			5.3 S	FREET ADDRESS			
CITY-ST-ZIP			5.4 C	TY-ST-ZIP	-		
TITLE		☐ DELETE	6.1 Ti	TLE T		Change	☐ Addition
NAME			6.2 N	AME			
ATDOOT ADODOOG	.[6.3 S	TREET ADDRESS			İ

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. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS