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

FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90152 028 ***150.00

DOCUI	MENT # P97000	105928			\					
SED DE	VELOPMENT, INC.									
Principal Place of Business Mailing Address						i (06)(05) (10 i		BEIL BAIRT FIR	ili Odiol Uilio iolio	
10704 AVENIDA SANTA ANA 10704 AVENIDA SANTA ANA										
BOCA RATON FL 33498 BOCA RATON FL 33498						-	O NOT WO	ITC IN TU	IC CDACE	
US		US			2 0	ate Incorporated	O NOT WR		IS SPACE	
					1	2/17/1997	o Qualifec	•		
2 Principal P	lace of Business	2a, Mailing Address				El Number			An	plied For
2. 1 (maips) (lade of paginoss		26			65-0807148				t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					D. dies d		\$8.75	Additional
22		27			5. 0	Certifcate of State	is Desired		Fee Re	quired
City & Stat	е	City & State			6. E	lection Campaig	n Financing		\$5.00	May Be
23		28				rust Fund Contri	bution		Added 1	o Fees
Zip	Country	Zip	Country		This corporation owes the current year Intangible					
24	25	29 3	0			ersonal Property			□Yes	□No
	9. Name and Address of Current	Registered Agent	81	Name	10. N	lame and Addre	ss of New	Registere	d Agent	
DEH	TOCH OTEMEN M		*'	Name						
	TSCH, STEVEN W M-AVENIDA-SANTA-ANA	0101	82	Street Addre	ess (P.C). Box Number is	Not Accept	table)		
	A PATON FI 33498	s feters Roach	83							
	Φ10 11 CH - 12 - 25 - 25 0 Φ).	Hation, FL 33324	ا ۵۱						•	_
	1 /4/	דצנננ שקן יוסיישה	84	City				F	85 Zip (Code
						bit- thin -t-t			_ 1 1	registered
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent of both, in the State of	and 607.1508, Florida Statutes & Florida. Such change was aut	horized by th	named corpo ne corporatio	oration s on's boar	rd of directors.	hereby acce	ept the app	ointment as re	gistered
agent. I a	m familiar with and accept the obligation	ons of, Section 607.0505, Florid	ta Statutes.					3199		ł
SIGNATURE		NOTE: E	legistered Agent s	venatura required	Luben roin	etating)	-/-	DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	agnatore radulad		DITIONS/CHAN	IGES TO O	FFICERS	AND DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE	an		Devtsul			Change	Addition
NAME	DEUTSCH, STEVEN W		1.2 NAME	P	2141	DEDTSIA	N '•			
STREET ADDRESS			1.3 STREET A	DDRESS 7	०ऽ५	Mandarin Pater	Drive			
	BOCA RATON FL 33498		1.4 CITY-ST-	71P (R	43-24	Patro	FL 33	334		
CITY-ST-ZIP TITLE	BOCK HATON FL 33490	DELETE	2.1 TITLE	<u> </u>	,				☐ Change	☐ Addition
NAME			2.2 NAME	ĺ						l
STREET ADDRESS			2.3 STREET A	DDRESS						
CITY-ST-ZIP			2. 4 CITY-ST-							
TITLE		☐ DELETE	3.1 TITLE	<u> </u>			***	· ·	☐ Change	☐ Addition
NAME			3.2 NAME				•			
STREET ADDRESS			3.3 STREET A	DORESS .						İ
CITY-ST-ZIP			3.4. CITY-ST-	ZIP						
TITLE		☐ DELETE	4.1 TITLE						☐ Change	Addition
NAME			4, 2 NAME							
STREET ADDRESS			4.3 STREET A	DDRESS						1
CITY-ST-ZIP			44 CITY-ST-	ZIP				•		
TITLE		DELETE	5.1 TITLE					_	Change	☐ Addition
NAME			5.2 NAME				,			,
STREET ADDRESS			5.3 STREET A	DDRESS		•				
CITY-ST-ZIP			5.4 CITY-ST-	ZIP						
TITLE		☐ DELETE	6.1 TITLE						Change	☐ Addition
NAME			6.2 NAME				•			
STREET ADDRESS			6.3 STREET A	DDRESS						

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 on an attachment with an address, with all other like empowered.

SIGNATURE: