**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000004384

VIA VISCAYA DEVELOPMENT CORPORATION

Principal Place of Business 108 COMMERCE WAY, STE, A10 JUPITER FL 33458

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zio

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

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108 COMMERCE WAY, STE. A10 JUPITER FL 33458

## **FILED** Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90157 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Data Incorporated or Qualifed 01/14/1998 Applied For FEI Numbe Not Applicable \$8.75 Additional П Fee Required \$5.00 May 8e 6. Election Campaign Financing Added to Fees Trust Fund Contribution s. This corporation owes the current year Intangible

Country Country Ζiρ ☐ Yes Personal Property Tax. 29 25 10..Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name REEDY, DANIEL F" Street Address (P.O. Box Number is Not Acceptable) 106 COMMERCE WAY, STE. A10 JUPITER FL 33458

Zip Code City 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 applical (NOTE: R ered Apent suppature required wi ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETÉ 1.1 TITLE TITLE President Daniel F. Reedy NAME 1.3 STREET ADDRESS 106 Commerce Way, A10 STREET ADDRES 1.4 CITY-ST-ZIP Jupiter, Fl CITY-ST-ZP Addition Change DELETE 21 TILE MLE Vice President 22 NAME NAME Arturo Burigatto 2.3 STREET ADDRESS 192 Welsh Pool Rd. STREET ADDRESS 2.4 CITY-ST-ZIP Exton. PA\_\_\_ CITY-ST-ZIP ☐ Addition Change DELETE 11 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRES 3.4. CITY-ST-ZIP CITY-ST-ZJP Change ☐ Addition □ DELETE 41 MLF TITLE A 2 NAME NAME STREET ADDRESS 4 STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRES 5.4 CITY-ST-73P CITY-ST-ZIP ■ Addition 6.1 TITLE Change DELETE TITLE 6.2 NAME NAME 6.1 STREET ADDRESS STREET ADDRESS 8.4 CTTY+ST-ZIP CITY-ST-ZIP

bes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in it is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an a empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address, with all other like empowered. 14. I hereby certify that the information supplied with this filings indicated on this annual report or supplemental annual report of file of infector of the corporation or the receiver or traster Block 12 or Block 13 if changed, or on an attachment with a

REQUIRED

CR2E034.(11/98)