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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800005133

WORTHV	NAME VHILE DEVELOPMENT V, IN	IC.				
Principal Place	e of Business	Mailing Address				
2949 W. STATE	ROAD 434	2949 W. STATE ROAD 434				
SUITE 400	22770	SUITE 400 LONGWOOD FL 32779		DO NOT WRITE IN	THIS SPACE	
LONGWOOD FL	. 32/19	LONGWOOD IE SEITS		3. Date Incorporated or Qualifed		
				01/16/1998		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applie	d For
<u> </u>		26 2949 W. SR 4	.34	59-3523184	Not A	pplicable
Suite, Apt.	W SR 434	Suite, Apt. #, etc.	<u></u>	5. Certificate of Status Desired	\$8.75 Add	
22 Suite	e 400	27 Suite 400		5. Certificate of Status Desired	Fee Requ	ired
	e	City_&_State		6,-Election.Campaign Financing	\$5.00-ма	
23 Long	wood, FL	28 Longwood, F	L	Trust Fund Contribution	Added to F	ees
Zip	Country	Zip	Country	8. This corporation owes the current ye		No
24 32779	9 25 Seminole		<u>30</u> Semino1 <u>e</u>	Personal Property Tax. 10. Name and Address of New Regis		NO .
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Regis	(ered Agent	
ROY	ALL, H J JR		1 1	vall. H. J. Jr		
700 RIVERBEND BLVD		1 1	ya11 H. J. Jr ress (P.O. Box Number is Not Acceptable)			
	GWOOD FL 32779		83	49 W. SR 434		
]			ł I	ite 400		
			84 City		FL 85 Zip Cod	
		2 and 607 1509 Florida Statuto	e the shove named cor	Longwood poration submits this statement for the purpor	ose of changing its re-	istered
l office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	ot Florida. Such change was au	thonzed by the curporal	ion's board of directors. I hereby accept the	appointment as regis	tered
SIGNATURE		(NOTE: 1	Registered Agent signature requir	od when minerating)	ATE	
12.	Signature, typed or printed name of registered ager	and trie ir applicable. (NOTE.	vehistoren våeut siångring raden	do witon (circulating)		
TITLE	The state of the s	D DIRECTORS	13	ADDITIONS/CHANGES TO OFFICE		IN 12
'''•	PSTD	D DIRECTORS ☐ DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	IN 12
NAME	PSTD ROYALL H.J.JR			ADDITIONS/CHANGES TO OFFICE		
NAME STREET ADDRESS	ROYALL, H J JR		1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	
STREET ADDRESS	ROYALL, H J JR 700 RIVERBEND BLVD		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		RS AND DIRECTORS	
STREET ADDRESS CITY-ST-ZIP	ROYALL, H J JR		1.1 TITLE 1.2 NAME	2949 W. SR 434, Suit	RS AND DIRECTORS	
STREET ADDRESS CITY-ST-ZIP TITLE	ROYALL, H J JR 700 RIVERBEND BLVD	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2949 W. SR 434, Suit	RS AND DIRECTORS Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ROYALL, H J JR 700 RIVERBEND BLVD	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	2949 W. SR 434, Suit	RS AND DIRECTORS Change Change Change	Addition Addition Addition

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.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NTED NAME OF DIGNING OFFICER OR DIRECTOR

1/27/99 Date