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**

DOCUMENT # P98000009051

1. Corporation Name

PBC DEVELOPMENT CORPORATION

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90022 024 ***158.75



					ALID INILA DIPANE D	
Principal Place		Mailing Address				
		3500 WEST LANTANA ROAD				
		LANTANA FL 33462		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 01/29/1998		
2 Principal P	lace of Business	2a. Mailing Address		4, FEI Number	App	olied For
21	lace of Business	26 4570 Lake Wor	th Road	65-0809696	Not	Applicable
Suite, Apt.	# etc /	Suite, Apt. #, etc.			\$8.75 A	dditional
22		27		=5,5 Certifcate:of Status Desired	Fee Rec	juired
City & Stat	te .	City & State		6, Election Campaign Financing	\$5.00 N	Mav Be
23		28 Lake Worth, F	L 3346 3	Trust Fund Contribution	Added to	•
Zip	Country	Zip	Country	8. This corporation owes the current year Intai	ngible	
24	25	29 30	ดิ	Personal Property Tax.	∑aYes [□No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered A	gent	
			81 Name			
	RILAWYER		82 Street Ad	Medema Roger E dress (P.O. Box Number is Not Acceptable)		
	ALMERIA AVENUE		000.70			
COR	RAL GABLES FL 33134		83 2	570 LakerWorth Road		
		•	- 84 City	ake-Worth FL	85 334	ode 63
44 Durayant	to the proviotors of Sections 607 050	AN 607 1508 Florida Statutes			4	-
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was auth flore of Section 607.0505, Florida	orized by the corpora a Statutes.	rporation submits this statement for the purpose of c tition's board of directors. I hereby accept the appoint	ment as reg	istered
SIGNATURE	Signature, typed or printed name of registered age	ot and title if applicable (NOTE: Re	gistered Agent signature requ	ired when reinstating) DATE		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change	Addition
NAME	MEDEMA, ROGE E		1.2 NAME	,		
STREET ADDRESS	3500 WEST LANTANA ROAD		1.3 STREET ADDRESS	•		
CITY-ST-ZIP	LANTANA FL 33462		1.4 CITY-ST-ZiP			
TITLE	SVTD	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	MEDEMA, MICHAEL W	•	2.2 NAME			
STREET ADDRESS	DEDOCMENT LANDANIA-DOAD	Free 10 1 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2.3 STREET ADDRESS	· -		
CITY-ST-ZIP	LANTANA FL 33462		2.4 CITY-ST-ZIP	·		
TITLE		☐ DELETE	3.1 TITLE		Change	Addition
NAME)	—	3.2 NAME	, ,		
STREET ADDRESS			3.3 STREET ADDRESS	•		
ſ] .		3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
			4.2 NAME		-	
NAME CTREET ADDRESS			4,3 STREET ADDRESS	•		
STREET ADDRESS	1					
CITY-ST-ZIP	<u> </u>	, DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change	☐ Addition
TITLE		C. DELETE	5.2 NAME			
NAME			5.3 STREET ADDRESS	•		
STREET ADDRESS						
CITY-ST-ZIP	The state of the s	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change	☐ Addition
TILLE A (C) .	State of Contract	□ NETE 15	6.2 NAME			
NAME :			1			
STREET ADDRESS			6,3 STREET ADDRESS			
1	1		e A CITY OT 78D			

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 the empowered.

SIGNATURE: Michaelswanedemaire William SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

561-967-3322

Daytime Phone #