


FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90099 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000009407

1. Corporation Name

HORSESHOE DEVELOPMENTS, INC.

Principal Place of Business

3815 HORSESHOE DRIVE
1ST FLOOR
NAPLES FL 34104

Mailing Address

3815 HORSESHOE DRIVE
1ST FLOOR
NAPLES FL 34104

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1998

4. FEI Number

45-0809079

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00 May Be Added to Fees**8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.
22
City & State
27
City & State
23
Zip Country
28
Zip Country
24
Country
29
Country

9. Name and Address of Current Registered Agent

SOLOMON, A. JACK
3185 HORSESHOE DRIVE
1ST FLOOR
NAPLES FL 34104

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 applicable

(NOTE: Registered Agent signature required when renataing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME **Solomon, Jack A**
STREET ADDRESS **3185 Horseshoe Dr South**
CITY-ST-ZIP **Naples, FL 34104**
1.2 NAME ☐ DELETE

NAME **VP**
STREET ADDRESS **Taylor, Mark S**
CITY-ST-ZIP **3185 Horseshoe Dr South'**
Naples, FL 34104
1.3 STREET ADDRESS ☐ DELETE

NAME **ST**
STREET ADDRESS **Wells, Karen E**
CITY-ST-ZIP **3185 Horseshoe Dr South**
Naples, FL 34104
1.4 CITY-ST-ZIP ☐ DELETE

NAME **VP**
STREET ADDRESS **Bennett, David**
CITY-ST-ZIP **3185 Horseshoe Dr South**
Naples, FL 34104
1.5 CITY-ST-ZIP ☐ DELETE

NAME **VP**
STREET ADDRESS **Bennett, David**
CITY-ST-ZIP **3185 Horseshoe Dr South**
Naples, FL 34104
1.6 CITY-ST-ZIP ☐ DELETE

NAME **VP**
STREET ADDRESS **Bennett, David**
CITY-ST-ZIP **3185 Horseshoe Dr South**
Naples, FL 34104
1.7 CITY-ST-ZIP ☐ DELETE

NAME **VP**
STREET ADDRESS **Bennett, David**
CITY-ST-ZIP **3185 Horseshoe Dr South**
Naples, FL 34104
1.8 CITY-ST-ZIP ☐ DELETE

NAME **VP**
STREET ADDRESS **Bennett, David**
CITY-ST-ZIP **3185 Horseshoe Dr South**
Naples, FL 34104
1.9 CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

1.5 CITY-ST-ZIP ☐ Change ☐ Addition

1.6 CITY-ST-ZIP ☐ Change ☐ Addition

1.7 CITY-ST-ZIP ☐ Change ☐ Addition

1.8 CITY-ST-ZIP ☐ Change ☐ Addition

1.9 CITY-ST-ZIP ☐ Change ☐ Addition

1.10 CITY-ST-ZIP ☐ Change ☐ Addition

1.11 CITY-ST-ZIP ☐ Change ☐ Addition

1.12 CITY-ST-ZIP ☐ Change ☐ Addition

1.13 CITY-ST-ZIP ☐ Change ☐ Addition

1.14 CITY-ST-ZIP ☐ Change ☐ Addition

1.15 CITY-ST-ZIP ☐ Change ☐ Addition

1.16 CITY-ST-ZIP ☐ Change ☐ Addition

1.17 CITY-ST-ZIP ☐ Change ☐ Addition

1.18 CITY-ST-ZIP ☐ Change ☐ Addition

1.19 CITY-ST-ZIP ☐ Change ☐ Addition

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1.21 CITY-ST-ZIP ☐ Change ☐ Addition

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1.23 CITY-ST-ZIP ☐ Change ☐ Addition

1.24 CITY-ST-ZIP ☐ Change ☐ Addition

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1.32 CITY-ST-ZIP ☐ Change ☐ Addition

1.33 CITY-ST-ZIP ☐ Change ☐ Addition

1.34 CITY-ST-ZIP ☐ Change ☐ Addition

1.35 CITY-ST-ZIP ☐ Change ☐ Addition

1.36 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
 Date _____ Daytime Phone # _____

CR2E034 (1/98)