

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**  
05-01-1999 90016 037 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000012084**  
1. Corporation Name  
**CALSA DEVELOPMENT CO., INC.**

Principal Place of Business  
**1574 SE CHIFFON AVENUE  
PORT ST. LUCIE FL 34952**

Mailing Address  
**1574 SE CHIFFON AVENUE  
PORT ST. LUCIE FL 34952**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/06/1998**

4. FEI-Number  
**65-0830566**

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. ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

9. Name and Address of Current Registered Agent  
**AMANTE, VALERIE  
1574 SE CHIFFON AVENUE  
PORT ST. LUCIE FL 34952**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VERTICHIO, ADAM</b>		1.2 NAME <b>VALERIE AMANTE</b>	
STREET ADDRESS <b>1574 SE CHIFFON AVENUE</b>		1.3 STREET ADDRESS <b>1574 SE CHIFFON AVENUE</b>	
CITY-ST-ZIP <b>PORT ST. LUCIE FL 34952</b>		1.4 CITY-ST-ZIP <b>PORT ST. LUCIE, FLORIDA 34952</b>	
TITLE <b>SVD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>SVD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AMANTE, VALERIE</b>		2.2 NAME <b>ADAM VERTICHIO</b>	
STREET ADDRESS <b>1574 SE CHIFFON AVENUE</b>		2.3 STREET ADDRESS <b>1574 SE CHIFFON AVENUE</b>	
CITY-ST-ZIP <b>PORT ST. LUCIE FL 34952</b>		2.4 CITY-ST-ZIP <b>PORT ST. LUCIE, FLORIDA</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: \_\_\_\_\_  
Signature, typed or printed name of signing officer or director Date \_\_\_\_\_ Next time Phone # \_\_\_\_\_

CR2E034 (5/99)