

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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90058 039 \*\*\*150.00

**DOCUMENT # P98000012422**

1. Corporation Name

**MEL-RAE DEVELOPMENT CORP.**



Principal Place of Business  
7777 W GLADES RD. STE 100  
BOCA RATON FL 33434

Mailing Address  
7777 W GLADES RD. STE 100  
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1998

4. FEI Number

59-3490942

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.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

HOPIN, MARC D  
7777 W GLADES RD, STE 100  
BOCA RATON FL 33434

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D  
NAME GIMELSTOB, HERBERT  
STREET ADDRESS 4330 LIVE OAK BLVD  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D  
NAME GIMELSTOB, ELAINE  
STREET ADDRESS 4330 LIVE OAK BLVD  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition

1.2 NAME GIMELSTOB, HERBERT  
1.3 STREET ADDRESS 7777 W. GLADES ROAD, SUITE 100  
1.4 CITY-ST-ZIP BOCA RATON, FL 33434

2.1 TITLE D/V ☒ Change ☐ Addition

2.2 NAME GIMELSTOB, ELAINE  
2.3 STREET ADDRESS 7777 W. GLADES ROAD, SUITE 100  
2.4 CITY-ST-ZIP BOCA RATON, FL 33434

3.1 TITLE V/T/S ☐ Change ☒ Addition

3.2 NAME HOPIN, MARC D.  
3.3 STREET ADDRESS 7777 W. GLADES ROAD, SUITE 100  
3.4 CITY-ST-ZIP BOCA RATON, FL 33434

4.1 TITLE V ☐ Change ☒ Addition

4.2 NAME EPSTEIN, WILLIAM L.  
4.3 STREET ADDRESS 7777 W. GLADES ROAD, SUITE 100  
4.4 CITY-ST-ZIP BOCA RATON, FL 33434

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*Herbert Gimelstob*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERBERT GIMELSTOB 4/7/99 (561) 852-2900

Date

Daytime Phone #

CR2E034 (11/98)