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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **OCUMENT #**

## P98000022002

PEBBLEBROOKE DEVELOPMENT, INC.

ncipal Place of Business										
O TAMIAMI	TRAIL	NORTH								

## FILED Sep 15, 1999 8:00 am Secretary of State

09-15-1999 90002 003 \*\*\*550.00



ncipal Place	of Business		Mailing	Address					
10 TAMIAMI TRAIL NORTH 2400 TAMIAMI TRAIL NORT STEE 101 SUITE 101			RTH	•					
PLE\$ FL 34	103		NAPLE	S FL 34103				DO NOT WRITE IN	THIS SPACE
								3. Date Incorporated or Qualified 03/09/1998	
Principal Place of Business 2a, Mailing Address 26							4. FEI Number 59-35/7878	Applied For Not Applicabl	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State						6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip		Country	Zip		Cou	ntry		8. This corporation owes the current year	ar
	ļ	25	29		30			Intangible Personal Property.	Yes No
	9. Name	and Address of Curr	ent Registere	d Agent		Ľ,		10. Name and Address of New Registe	ored Agent
1016	ODD 1701	011 050005			•	81	Name		
2400	IMAIMAT 0	CH, GEORGE TRAIL NORTH				82	Street Addre	ddress (P.O. Box Number is Not Acceptable)	
	re 101 Ples fl 34	103				83			
						84	City		FL 85 Zíp Code
office or r	registered ac	ions of sections 607.05 ent, or both, in the Sta ith, and accept the obl	ite of Florida. S	Such change was	authorized	d by	the corporation	ation submits this statement for the purpose n's board of directors. I hereby accept the a	of changing its registered ippointment as registered
NATURE _		,	_						
10110112	Signature, typed	or printed name of registered a				red Aç	gent signature requir		TE
<del></del>	-	OFFICERS A	ND DIRECTO		13.		<del></del>	ADDITIONS/CHANGES TO OFFICER	
	D	NEALLIC .		DELETE	1.1 TIT				Change Addition
	DOYLE, I				1.2 NA				
ET ADDRESS		RMANDALE BOULE					ADDRESS		
ST-ZIP		POLIS MN 55437-10	OU		1.4 CF		ZZIP		
	D	ATOMON CEODOS	,	DELETE	2.1 TIT				Change Addition
		atovich, george Viami trail norti			2.2 NA				
ET ADDRESS			וטויה ר				ADDRESS		
ST-ZIP	NAPLES	FL 34103			2.4 CF 3.1 TIT		-ZiP		Characa Control Addition
				DELETE					Change Addition
					3.2 NA		ADDRESS		
ET ADDRESS							ADDRESS 7/10		
ST-ZiP				DELETE	3.4 CI		-211"		Change Addition
,				PP DEFEIR	4.2 NA				C Allende C Vaning
ET ADDRESS							ADDRESS		
					4.4 CF				
ST-ZIP				DELETE	5.1 TIT				Change Addition
					5.2 NA				
ET ADORESS							ADDRESS		
ST-ZIP					5.4 CI				
y . 'Adii			<del>.</del>	DELETE	6.1 TIT				Change Addition
.					6.2 NA	ME			
ET ADDRESS					1		ADDRESS		
ST-ZIP					6.4 CI				
	rtify that the	information supplied w	ith this filing do	es not qualify for				on 119.07(3)(i), Florida Statutes. I further ce	rtify that the information

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 pr 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.

GNATIRE:

**GNATURE:**