PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # P98000	027207			1					
1. 00 port 00.	EVELOPMENT, INC.									
Principal Place	of Business	Mailing Address			- '	EARINGE ISM sacos entre déstit da	411 GESTH MAIL	R IIĞII İZĞIĞ MAN B	. Maile 14 de 14 de	
7447 NORTHWEST 82ND TERRACE PARKLAND FL 33067		7447 NORTHWEST 82ND TERRACE PARKLAND FL 33067								
Transpriso 12 (sac,	1,				DO NOT WRI	TE IN TH	S SPACE		_
!						corporated or Qualifed 1998				
2. Principal Place of Business 21		2a. Malling Address 26			4. FEI N	TO82518	54.	 	lied For Applicable] .
Suite, Apt. #, etc.		Suite, Apt. #, etc.				(0)		\$8.75 A	ditional	1
22		27			5. Certifo	ate of Status Desired		Fee Re	julred	
City & State		City & Stale			n Campaign Financing		\$5.00 \ Added to		}	
Zip Country		Zip Country		8, This corporation owes the current year Intangiple					1	
24	25	29	30		Person	al Property Tax.		Yes	⊒No	
	9. Name and Address of Curre	Registered Agent			10. Name	and Address of New I	tegistere o	i Agent		4
	TY, JAMES D SR.			81 Name 82 Street Ad	drass (P.O. Roy	Number is Not Accept	able)			ļ
	NORTHWEST 82ND TERRACE (LAND FL 33067			B3						1
]
			İ	84 City			F	L 85 Zip C		
11. Pursuant office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State on familiar with, and accept the obliga	2' and 607.1508, Florida Statut of Florida. Such change was a if ons of, Section 607.0505, Flo	es, the a uthorized ride State	cove-named (x) by the corpora ites.	rporation submit ition's board of	s this statement for the lirectors. I hereby accep	purpose o of the appo	i changing its i intment as reç	egistered istered	
SIGNATURE	Signature, typed or printed name of registered age	rr and title if applicable. (NOTE	: Registered	Agent signature req	ured when remstating)		DATE			<u>@</u>
12,	OFFICERS AN	II) DIRECTORS	13.		ADDiTi	INS/CHANGES TO OF	FICERS 4			18
MUTE	D	☐ DELETE	1.1 TO	ue				Change	☐ Addition	CR2E034 (11/98)
NAME	BEATY, JAMES D SR.		1.2 N	ME						§
STREET ADDRESS			1.3 STREET ADDRESS							Щ
CITY-ST-ZIP	PARKLAND FL 33067			Y-ST-ZIP					☐ Addition	8
TILE		DELETE 21T		i				☐ Change	C Applicat	-
NAME	•			ME						
STREET ADDRESS	3			REET ADDRESS						
CITY-ST-ZIP				IY-ST-ZIP				Change	Addition	1
TITLE		□ DELETE	3.1 TT 3.2 NA						Ų. v.	
NAME				REET ADDRESS		_]
"STREET ADDRESS	-			TY-ST-ZIP						
CITY-ST-ZIP		[] DELETE	4.1 711					☐ Change	Addition	1
NAME			4.2 N	ľ				-		1
STREET ADDRESS				REET ADDRESS						ł
CITY-ST-ZIP				Y-ST-ZIP						
TITLE		☐ DELETE	5.1 TI					Change	Addition	1
NAME	:		5.2 NA	ME						
STREET ADORUSS			5.3 ST	REET ADDRESS						1
CITY-ST-ZIP			5.4 CF	Y-ST-ZIP						[
TITLE		☐ DELETE	6,1 TT	LE		_		Change	☐ Addition	
NAME	•		6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET ADORESS						

14. I heretly certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0: (3Xi). 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 corport tortion the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and the my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with-all other like empowered.

6.4 CITY-ST-ZIP

= 12

FILED

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90234 026 ***158.75