

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90093 034 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000027900**

1. Corporation Name

**CALAMAR DEVELOPMENT, INC.**

Principal Place of Business  
 2216 SPRINGS BOULEVARD  
 Ocala FL 34470

Mailing Address  
 2216 SPRINGS BOULEVARD  
 Ocala FL 34470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1998	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 59-3501529	Applied For Not Applicable
25		26		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
27		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No.	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PEEK, DAVID H 1301 RIVERPLACE BOULEVARD SUITE 1809 JACKSONVILLE FL 32207				81 Name Laura V. Guerra 82 Street Address (P.O. Box Number is Not Acceptable) 2216 E. Silver Spgs. Blvd. #4 83 84 City Ocala FL 85 Zip Code 34470	
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 <i>Laura V. Guerra</i>				DATE 3/16/99	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRA, JUAN C	1.2 NAME	
STREET ADDRESS	2216 SPRINGS BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRA, LAURA V	2.2 NAME	
STREET ADDRESS	2216 SPRINGS BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRA, MARCO A	3.2 NAME	
STREET ADDRESS	2216 SPRINGS BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 807, 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: *Laura V. Guerra*, Secretary 3/16/99 352-629-8060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E34 (1/1/98)