

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 21, 1999 8:00 am
Secretary of State

04-21-1999 90149 049 ***150.00

DOCUMENT # P98000036630

1. Corporation Name

WESTWOODS DEVELOPMENT CORPORATION, INC.



Principal Place of Business

1800 WEST Hibiscus Blvd.
SUITE 138
MELBOURNE FL 32901

Mailing Address

1800 WEST Hibiscus Blvd.
SUITE 138
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1998

4. FEI Number

59-3512 864

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

21 914 Dixon Blvd.

Suite, Apt. #, etc.

22

City & State

23 Cocoa, FL

Zip

24 32922

Country

25 BREVARD

2a. Mailing Address

26 PO Box 3767

Suite, Apt. #, etc.

27

City & State

28 Cocoa, FL

Zip

29 32924-3767

Country

30 BREVARD

9. Name and Address of Current Registered Agent

BEALS, ROBERT L
1800 WEST Hibiscus Blvd.
SUITE 138
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

Gregory W. Glass

82 Street Address (P.O. Box Number is Not Acceptable)

1800 West Hibiscus Blvd.

83

Suite 138

84

Melbourne

FL

85 Zip Code
32901

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

Gregory W. Glass Gregory W. Glass

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME KIRSCGENABUAM, MALCOLM
STREET ADDRESS 914 DIXON BLVD.
CITY-ST-ZIP COCOA FL 32922

TITLE D ☐ DELETE
NAME SWAN, JIM
STREET ADDRESS 914 DIXON BLVD.
CITY-ST-ZIP COCOA FL 32922

TITLE D ☐ DELETE
NAME SCACCIA, ALBERT
STREET ADDRESS 914 DIXON BLVD.
CITY-ST-ZIP COCOA FL 32922

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME KIRSCHENBAUM, MALCOLM
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME SWANN, Jim
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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:

Jim Swann SIGNATURE REQUIRED SWANN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

407-632-4141

Daytime Phone #

0108942

CR2E034 (1/1/98)