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

1. Corporation	MENT # P980(Name /ELOPMENT, INC.)0042444					
Principal Place	of Business	Mailing Address					
404 E ATLANTIC BLVD STE 101 POMPANO BEACH FL 33060		404 E ATLANTIC BLVD STE 101 POMPANO BEACH FL 33060					
⊢	ace of Business	2a. Mailing Address					
21 Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.					
City & State		City & State					
Zip 24	Country 25	Zip 29	30 Co	ountry			
	9. Name and Address of Cu	rrent Registered Agent		81	Name		
BUSE	ENTHAL, STUART S			0'	Name		
	ATLANTIC BLVD STE 101			82	Street Ad		

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90108 030 ***150.00



Principal Place	e oi pusilless	Mailing Address					
404 E ATLANTIC BLVD STE 101 POMPANO BEACH FL 33060		404 E ATLANTIC BLVD STE 101 POMPANO BEACH FL 33060			T-2-1/27 UP: TF-U-2-1/19 25 1 25		
						DO NOT WRITE IN THIS SPACE	\neg
						3. Date Incorporated or Qualifed	
						05/07/1998	_
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	
21		26	6			65 - 0840183 Not Applicable	е
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27	i			5. Certificate of Status Desired Fee Required	-
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be	\Box
23		28	•			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible	П
	25	29	30	•		Personal Property Tax.	
24	9. Name and Address of Current		30[7		10. Name and Address of New Registered Agent	┨
.	9. Name and Address of Content	r registered Agent		81	Name	70. 134110 4110	7
DOS	ENTHAL, STUART S				Marino		
	E ATLANTIC BLVD STE 101			82	Street Add	Idress (P.O. Box Number is Not Acceptable)	
	····						
PUM	PANO BEACH FL 33060			83			
				84	City	FL 85 Zip Code	ᅦ
<u></u>						• • • • • • • • • • • • • • • • • • •	\dashv
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was	authonze	ed by t	ne corporat	progration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE						uired when reinstating) DATE	- {
	Signature, typed or printed name of registered agen		E: Registere		signature requir	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ᅴ
12.	OFFICERS AN	D DIRECTORS DELETE			1	Change Additions/Changes To OFFICERS AND DIRECTORS IN 12	ion
TITLE	D	□ O¢reie	•	TITLE			-
NAME	EDWARDS, DEBORAH A		1.21	NAME			
STREET ADDRESS	4040 NE 30 AVE		1.3 8	STREET	ADDRESS		Ì
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		1.4 (CITY-ST	-ZIP		_
TITLE	D	☐ DELETE	2.1	TITLE		☐ Change ☐ Additi	on
NAME	Canada, Maureen L		2.21	NAME.			
STREET ADDRESS	2830 NE 29 AVE		2.3 5	STREET	ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		24	CITY-ST	7.7IP	the second of th	.
TITLE	D	DELETE	_	TITLE	-	☐ Change ☐ Additi	ion
NAME	SPIEKER, CHRISTIAN D		i i	NAME			ĺ
	•				ADDRESS		
STREET ADDRESS	2830 NE 29 AVE		. I				
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	☐ DELETE	_	CITY-ST	~ ZIP	☐ Change ☐ Addit	ion
TITLE		☐ DECE 15				· ·	
NAME				NAME			
STREET ADDRESS			4.3 \$	STREET	ADDRESS		
CITY-ST-ZIP			4.4 (CITY-ST	-ZIP		
TITLE		☐ DELETE	5.11	TITLE		☐ Change ☐ Additi	ion
NAME			5.21	NAME			
STREET ADDRESS			5.3 9	STREET.	ADDRESS		
CITY-ST-ZIP			540	CITY-ST	-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1	TITLE		Change Additi	ion
NAME			6.21	NAME		·	
STREET ANDRESS			6.3 9	STREET.	ADDRESS		

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.

6.4 CITY-ST-ZIP

3..... SIGNATURE: FFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP