

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 05, 1999 8:00 am
Secretary of State

04-05-1999 90024 047 ***150.00

DOCUMENT # P98000043394

1. Corporation Name

AMERICAN VILLAGE DEVELOPMENT, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1998

4. FEI Number

65-0838662

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRADY, JAMES C
1318 SE 2ND AVE
FORT LAUDERDALE FL 33316

81. Name

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

83

84. City

FL

85. Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRADY, JAMES C	
STREET ADDRESS	1318 SE 2ND AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James C. Brady	
1.3 STREET ADDRESS	1318 SE 2nd Avenue	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
2.1 TITLE	V, S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Saby Behar	
2.3 STREET ADDRESS	115 NW 167 Street, Suite 300	
2.4 CITY-ST-ZIP	N. Miami Beach, FL 33169	
3.1 TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bruce R. Jarvis	
3.3 STREET ADDRESS	115 NW 167 Street, Suite 300	
3.4 CITY-ST-ZIP	North Miami Beach, FL 33169	
4.1 TITLE	D, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Granvil Tracy	
4.3 STREET ADDRESS	115 NW 167 Street, Suite 300	
4.4 CITY-ST-ZIP	North Miami Beach, FL 33169	
5.1 TITLE	D, V, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Roberto Kassin	
5.3 STREET ADDRESS	115 NW 167 Street, Suite 300	
5.4 CITY-ST-ZIP	North Miami Beach, FL 33169	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce R. Jarvis 2/15/99

305-654-1500

Date

Daytime Phone #

CR2E034 (11/98)