

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**


0327657

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

FILED

MAY -5 AM 11:27

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P98000043603**

1. Corporation Name  
**A BELLE GLADE DEV. CORPORATION**

Principal Place of Business <b>2770 WHITE WING LANE                  WEST PALM BEACH FL 33409</b>	Mailing Address <b>2770 WHITE WING LANE                  WEST PALM BEACH FL 33409</b>
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/14/1998**

4. FEI Number  
**65-0847717**

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. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**O'BRIEN, M A  
 2770 WHITE WING LANE  
 WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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: *M.A. O'Brien* (M.A. O'BRIEN) DATE: **4/28/99**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>O'BRIEN, M A - President</b>	
STREET ADDRESS	<b>2770 WHITE WING LANE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

3000002867873--5  
 -05/07/99--01118--008  
 \*\*\*\*750.00 \*\*\*\*150.00

Change  Addition

28/ 6/15/99

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: *M.A. O'Brien* (M.A. O'BRIEN) DATE: **4/28/99** (601) 687-7737

CR2E034 (11/98)