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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#

KUNAI DI	Name P98000 EVELOPMENT, INC.	,000010				-						
												(UNAC IRAL LAAL
Principal Place		Mailing Address										
2738 BEE RIDGE ROAD 2738 BEE RIDGE ROAD SARASOTA FL 34239 SARASOTA FL 34239												
SARASUIA FL 3	4239	SANASOTA FE SA	200					DO NO	T WRITE IN	THIS	SPACE	,
						3.	. Date Incorp	orated or Q	ualifed			
							07/06/19	98				
2. Principal Place of Business		2a. Mailing Addre	2a. Mailing Address				. FEI Number			,	Ap	plied For
21		26		_			63-	- 084	7036	7		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.				. Certifcate of	Status Des	sired 🗌		\$8.75	
22		27									Fee Re	•
City & State		City & State				6.	. Election Car		- 11		\$5.00	
23		28					Trust Fund	Contribution			Added t	o Fees
Zip	Country	Zip	F	Country		8.	. This corpora		he current y	ear Inta		
24	25	29	30				Personal Pr				☐Yes	□No
	9. Name and Address of Curren	t Registered Agent		81	Nome	10	. Name and	Address of	New Regis	tered A	gent	
CEIDE	I IEAN DEIDDE			61	Name							
SEIBEL, JEAN-PEIRRE				82	Street A	ddress (l	P.O. Box Num	ber is Not	Acceptable)			
2738 BEE RIDGE ROAD SARASOTA FL 34239												
SARA	SUIA FE 34239			83								
.,				84	84 City FL 85						85 Zip (Code
office or re agent. I am	o the provisions of Sections 607.050 gistered agent, or both, in the State of familiar with, and accept the obligations signature, typed or printed name of registered age	of Florida. Such chang tions of, Section 607.0	ie was authori	ized by Statutes.	the corpo	corporation s b	on submits this	ors. I hereb	y accept the	appoin	tment as re	gistered
12.	OFFICERS AN			tered Agen	i signature re	quired when	reinstating)		D	ATE		
		ID DIRECTORS	1	tered Agen 13.	(Signature re		reinstating) ADDITIONS/	CHANGES			DIRECTO	RS IN 2
TITLE TS	SPCRETARY TREA	ID DIRECTORS LSURER DE			(signature re			CHANGES			DIRECTO	RS IN 2
TITLE T5	SECRETARY TREA	ID DIRECTORS USURER DE	LETE 1	13.	· signature re			CHANGES				
1 1	SECRETARY TREA BURMAN SM	ID DIRECTORS USURER DE	LETE 1	13.				CHANGES				
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NAME	SECRETARY TREA BURMAN SM 1774 CheroKee SARASOTA FL	ISURER DE ITH Dr 34239	1 1 1	13. .1 TITLE .2 NAME .3 STREET	ADDRESS			CHANGES				
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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 attackment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

☐ Addition