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

PROFIT **CCRPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secreta v of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000070214

FLORIDA RESIDENTIAL DEVELOPMENT COMPANIES, INC.

Principal Place of Business	Mailing Ad
912 N. HIGHLAND AVENUE ORLANDO FL 32803	912 N. HIG ORLANDO

**FILED** Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90010 006 \*\*\*150.00



dress HLAND AVENUE FL 32803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/12/1998 4. FEI Nu nber Appied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Ac ditional Suite, Art. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Country Zip 8. This corporation owes the current year Intangible Zip Yes Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BASQUE, JAMES F Street Address (P.O. Box Number is Not Acceptable) 82 1637 EAST VINE STREET SUITE E KISSIMMEE FL 34744 83 Zip Code 85 84 City 11. Pursuant to the provisions of Scictions 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bolh, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT E: Registered Agent signature required when reinstating) Signature, typed or printed naine of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition ☐ DELETE 1.1 TITLE TITLE A.WAYNE RICH 1.2 NAME NAME giz D. Highland Ave 1.3 STREET ADDRESS STREET ADDRESS F14 32802 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRUSS 64 CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(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:

(11/98)

CR2E034