Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90045 047 ***158.75

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

DOCUMENT:	#	P98000077081
4 6 2 11		I COCCOCI I CO

1. Corporation Name

GRAND	OAKS DEVELOPMENT COH	PORATION				
Principal Place	e of Business	Mailing Address		()\$214501 410 10101)BITL BOTL BOTL OF	9(t) 18811 (881) 8818) Ibid	DI 2101 (201
2601 S. BAYSHORE DR., SUITE 900 2601 S. BAYSHORE DR., SUITI MIAMI FL 33133-5461 MIAMI FL 33133-5461		TE 900	DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed 09/02/1998		
2. Principal P	lace of Business	2a. Mailing Address	,	4. FEI Number 65-0864092	<u> </u>	ed For opplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Add Fee Requi	
City & Stat	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Ma Added to F	
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	29		Personal Property Tax.]No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent	
2601	ISTEIN, BRIAN E ESO. I S. BAYSHORE DR., SUITE 900 MI FL 33133-5461		81 Name 82 Street A 83	Joel K. Goldman, Esq. ddress (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Drive	- 9th Floo1	ŗ
	•		84 City	Miami	EL 85 Zip Cod 331	ie 33
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statutes, of Florida. Such change was auth tions of, Section 607.0505, Florida	the above-named on corized by the corporal Statutes.	corporation submits this statement for the purpose ration's board of directors. I hereby accept the appropriate the second statement of the purpose ration's board of directors.	of changing its regist pointment as regist	jistered tered
SIGNATURE	(bod the	(Joel K. Goldm	an)	4-7-	17	
	Signature, yped or plinted name of registered agen		egistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	2 INI 12
12.	OFFICERS AN	D DELETE	13.	V ADDITIONS/CHANGES TO OFFICERS		Addition
TITLE	P Anness, Lisa	□ pereie	1.2 NAME	Christian, Cotter		A_1. reduce.
NAME STREET ADDRESS	2601 S. BAYSHORE DR., SUITI	E 000	1.3 STREET ADDRESS	2601 S. Bayshore Drive		e s
	MIAMI FL 33133-5461	<u> </u>	1.4 CITY-ST-ZIP	Miami FL 33133	ů.	
CITY-ST-ZIP TITLE	VSD VSD		2.1 TITLE	MISHIE PE 33133	☐ Change	Addition
NAME	GOLDMAN, JOEL K		2.2 NAME		-	
STREET ADDRESS	2601 S. BAYSHORE DR., SUITI	E 000	2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133-5461	_ 300	2.4 CITY-ST-ZIP		•	
TITLE	VTD	☐ DELETE	3.1 TITLE		Change	Addition
NAME	FISCHER, JOHN H		3.2 NAME		•	
STREET ADDRESS	2601 S. BAYSHORE DR., SUITI	F 900	3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133-5461_	_ 000	3.4. CITY-ST-ZIP			
TITLE	VAS	☐ DELETE	4.1 TITLE	V/C/AS	Change	Addition

MIAMI FL 33133-5461 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

C/TY-ST-ZIP

COOK, PAULA

MIAMI FL 33133-5461

LAGUARDIA, JOHN

MIAMI FL 33133-5461

JEFFREY, THOMAS W

2601 S. BAYSHORE DR., SUITE 900

2601 S. BAYSHORE DR., SUITE 900

2601 S. BAYSHORE DR., SUITE 900

REQUIRED SIGNATURE AND TY

DELETE

□ D€LETE

Cook, Paula

2601 S. Bayshore Drive

Miami FL 33133-5461

305, 859, 4000

☐ Change

☐ Change

■ Addition

☐ Addition