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COI	PROFIT RPORATION UAL REPORT 1999			ine Harris ry of State		FILED 90 MAY 24 FM 3: 57			
1. Corporation	MENT # P9	8000078 LOPMENT, INC	CLEES JARY OF STATE TREEALIASSEE, FLORIDA						
Principal Place of Business 3950 LEWIS SPEEDWAY ST. AUGUSTINE FL 32095			Mailing Address 3950 LEWIS SPEEDWAY ST. AUGUSTINE FL 32095			DO NOT WRITE IN THIS SPACE			
Principal Place of Business 11			2a. Mailing Address			3. Date Incorporated or Qualifed 09/04/1998 4. FEI Number Applied For Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired [] \$8.75 Additional Fee Required			
City & State 23 Zip 24	28			Country		6. Etection Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year Inlandible Personal Property Tax. 10. Name and Address of New Registered Agent			
LAURENCE, ROBERT J.L. 3950 LEWIS SPEEDWAY ST. AUGUSTINE FL 32095				81 82 83 84		Address (P.O. Box Number is Not Acceptable)			
office or r agent. I a SIGNATURE	registered agent, or both, am familiar with, and acce	in the State of Florida of the obligations of, of registered agent and little if	a. Such change was a Section 607.0505, Flor applicable (NOTE	uthorized by rida Statutes.	the corpora	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered.			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURENCE, ROBERT	NE	CTORS DELETE	13. 1.1 TITLE 12 NAME 13 STREET 14 CITY-ST	ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND LIRECTORS IN 12 Change Addition			
TITLE NAME STREET ADORESS CITY- ST-ZIP	D GRAUBARD, ROBER	T	[] DELETE	21 TITLE 22 NAME 23 STREET 2 4 CITY-ST	ADDRESS	D, Change [] Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MCLAIN, ROGER 221 SWALLOW RD. ST. AUGUSTINE FL	32086	☐ DELETE	32 NAME 33 STREET 34 CITY-ST	ADDRESS	Maccain, Rober w.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			C) DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST	ADDRESS	[_] Change Add/tion			
TITLE NAME STREET ADDRESS			[] DELETE	51 TITLE 52 NAME 53 STREET	ADDRESS	[] Change [] Addition			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			[] DELETE	61 TITLE 62 NAME 63 STREET 64 CITY-ST	ADDRESS	[] Change [] Addition			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(j), Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is further and accurate and that my signature shall have the same legal effect as if made under out it, that I and on officer or director of the corporation or the receiver or truster explowered to execute this report as required by Chapter 607. Florida Statutes; and that my nar ie appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE:									
SIGNATURE: SIGNATURE AND PREPORTED HAME OF SIGNING OFFICER OR DIRECTOR AND THE TOTAL									