

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

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90090 041 \*\*\*150.00

DOCUMENT # P98000080335

1. Corporation Name

TUSCANY REAL ESTATE DEVELOPMENT CORP.

Principal Place of Business

23123 STATE ROAD 7 SUITE 350B  
BOCA RATON FL 33428

Mailing Address

23123 STATE ROAD 7 SUITE 350B  
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1998

4. FEI Number

65-0877844

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

10. Name and Address of New Registered Agent

81 Name DAVID L. HATTON

82 Street Address (P.O. Box Number is Not Acceptable)  
2250 S.W. 3rd AVENUE

83 5th FLOOR

84 City MIAMI

FL

85 Zip Code 33129

2. Principal Place of Business

21 66 NW 22 Street  
Suite, Apt. #, etc.

2a. Mailing Address

26 66 NW 22 Street  
Suite, Apt. #, etc.

City & State

23 Miami  
Zip

Country

24 33127

25 FL

City & State

28 Miami  
Zip

Country

29 33127

30 FL

9. Name and Address of Current Registered Agent

KLEIN, JEFFREY G  
23123 STATE ROAD 7 SUITE 350B  
BOCA RATON FL 33428

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

*David L. Hatton*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KLEIST, ULRICH  
STREET ADDRESS 23123 STATE ROAD 7 SUITE 350B  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P ☒ Change ☐ Addition

1.2 NAME Kleist, Ulrich  
1.3 STREET ADDRESS 66 NW 22 Street  
1.4 CITY-ST-ZIP Miami, FL 33127

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE:

*Ulrich Kleist*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

305-572-0820

Daytime Phone #

0034196

CR2E034 (11/98)