FILED Apr 28, 1999 8:00 am Secretary of State

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000081591

1. Corporation Name

RE DEVELOPMENT GROUP, INC.

Principal P ace of Business		Mailing Address			i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3802 GUNN HIGHWAY		3802 GUNN HIGHWAY							
SUITE C		SUITE C				DO NOT WRITE IN THIS SPACE			
TAMPA FL 32624		TAMPA FL 32624		3 Date	3. Date Incorporated or Qualifed				
					l l	21/1998	illica		
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI			A	orlied For
<u> </u>	ideo or Basiliess	26				353350	2_	<u> </u>	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						A ditional	
22		27			5. Certificate of Status Desired Fee Required				
City & State		City & State		6. Elec	6. Election Campaign Financing \$5			May Be	
23		28		I	t Fund Contribution		Added to Fees		
Zip Country		Zip Country		8. This	corporation owes the	current year	ntangible		
24	25 29 30		0	Persor al Property Tax.		•	Yes	⊠ No	
	9. Name and Address of Curren	Registered Agent	<u> </u>		10. Nan	ne and Address of N	lew Registere	d Agent	
			81	Name					
AME	RILAWYER	82 Street Ad		dress (P.O. B	Number is Not Ac	centable)			
1	almeria avenue		02) Sueer A	.c. i) eesino.	ox regimeer is rect Ac	осршые)		
COR	IAL GABLES FL 33134		83						
			ļ <u>.</u>	-				DE 7:-	Code
			84	City			F	L 85 Zip	C ide
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-named c	crporation sub	mits this statement fo	r the purpose	of changing its	r agistered
office or re	egistered agent, or both, in the State of mailiar with, and accept the obligat	of Florida. Such change was out	horized by	the corpor	ration's board o	of cirectors. I hereby	accept the app	ointment as re	g sterea
SIGNATURE	Signature, typed or printed narive of registered agen	and this if analizable (NOTI R	Panistarod Age	nt signature rec	qu red when reinstati	ng)	DATE		
12.	OFFICERS AN	- 	13.	in signatura roc		TIONS/CHANGES TO		ND DIRECTO	OF S IN 12
TITLE	PD	DELETE	11 TITLE					Change	Addition
NAME	VARTANIAN, COREY J		1.2 NAME			_		• '	
STREET ADDRESS	3802 GUNN HIGHWEAY		1.3 STREET ADDRESS		3802 6	-UNN HIGHL	UAY, SU	ite C	
CITY-ST-ZIP	TAMPA FL 32624		1.4 CITY-S			,	, , -		
TITLE	STD	☐ DELETE	2.1 TITLE					Change	Addition
NAME	FAROTTO, RICHARD M		2211115						
STREET ADDRESS	3802 GUNN HIGHWEAY		2.3 STREET ADDRESS		2902 /	FUNN HIGH	WAU 3	vilo_c	
CITY-ST-ZIP	TAMPA FL 32624			ST. 7ID	7602 0	11.0.th	771	,	
TITLE	TAIM ATE GEOLY	☐ DELETE	2.4 CITY-ST-ZIP 31 TITLE					☐ Change	Addition
NAME			3.2 NAME					_	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE		□ DELETE	4.1 TITLE					☐ Change	Addition
NAME		<u> </u>	4. 2 NAME					_ •	==
1			4.3 STREET ADDRESS						
STREET ADDRESS			4.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME					_ •	_
1			1	T ADDRESS					
STREET ADDRESS									
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE					Change	Addition
TITLE			6.2 NAME	-					
NAME				TADDRESS					
STREET ADDRESS			6.4 CITY-S						
CITY-ST-ZIP			U CITT-3						

14. 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 or rify that the information indicated on this annual report or suppliemental a nual 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 prustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR