

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90100 005 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # S96859**

1. Corporation Name  
**HART DEVELOPMENT, INC.**



Principal Place of Business 10575 OLD DIXIE HWY ST AUTUSTINE FL 32095 US	Mailing Address 10575 OLD DIXIE HWY ST AUGUSTINE FL 32095 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/25/1991
4. FEI Number 59-3092174
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

**9. Name and Address of Current Registered Agent**

HART, JOHN B  
 10575 OLD DIXIE HWY  
 PONTE VEDRA FL 32082

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	DP <input type="checkbox"/> DELETE
NAME	HART, JOHN B
STREET ADDRESS	19 SO ROSCOE BLVD
CITY-ST-ZIP	PONTE VEDRA FL
TITLE	DST <input type="checkbox"/> DELETE
NAME	HART, LITA G
STREET ADDRESS	19 SO ROSCOE BLVD
CITY-ST-ZIP	PONTE VEDRA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	Asst Sec'y <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Barry M. Fitterman
1.3 STREET ADDRESS	10575 OLD DIXIE RD
1.4 CITY-ST-ZIP	ST AUGUSTINE, FL.
2.1 TITLE	EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARK R. WELLS
2.3 STREET ADDRESS	10575 OLD DIXIE RD.
2.4 CITY-ST-ZIP	ST AUGUSTINE, FL.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Signature of Barry M. Fitterman 4/28/99 Date Daytime Phone #

CR2E034 (1/1/98)