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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 618168

(9)

COURCHENE DEVELOPMENT CORPORATION

FILED Mar 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						-	AN BINDIN BINDIN DIN	TII BIBLI BIBI	
1101-5 S. ROGERS CIRCLE 1101-5 S. ROGERS CIRCLE BOCA RATON FL 33487 BOCA RATON FL 33487			LE			DO NOT WRITE	E IN THIS SP	'ACE	
						3. Date Incorporated or Qualified			
						04/18/1979			
2. Principal Pl	ace of Business	2a. Mailing Address				4, FEI Number		 	oplied For
21		26				59-1913415			ot Applicable
Suite, Apt. (#, etc.	—	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	<u>.</u>	City & State			C Floation Compaign Financing				
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
—₁ ^{Zip}	Country	Zip	Cou	ntry		8. This corporation owes or has pa	_		1
24	25 29 30		[30]			Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent			0N L
9. Name and Address of Current Registered Agent					ne	10. Harrie and Address of New Re	Rister on WA	Join	
DICKENSON, DAVID B.									
	N. FEDERAL HWY		82 Street Add			ss (P.O. Box Number is Not Acceptat	ole)		
SUITE 410 BOCA RATON FL 33432			83					·····	
600	DA RATON FE 33432					, <u>page</u>		·	
				84 City	1		FL	 85 Zip (Code
office or re	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was	authorized	by the	ied corpo corporatio	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of control of the appoin	hanging it ntment as	s registered registered
SIGNATURE	Signature, typed or proted name of registered age	ol and title if anyl cable (810)	E : Bagistaras	Apost alon	nturo requirer	d when reinstating)	DATE		
12.	OFFICERS AND		13.	Agont aign	note required	ADDITIONS/CHANGES TO OFFIC		IRECTOR	S IN 12
TITLE	PD	DELETE	1.1 TII	LE				Change	Addition
NAME			1.2 NA	ME					
STREET ADDRESS			1.3 ST	1.3 STREET ADDRESS					
CITY-ST-ZIP	0001 01701 5		1.4 CF	Y-ST-ZIP					
TITLÉ	ST	DELETE	21 T/I	LE				Change	☐ Addition
NAME	LITTLE, JANET C.		2.2 NA	ME	-				
STREET ADDRESS	1101-5 S ROGERS CIRCLE			2.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		2. 4 CI	TY-ST-ZIP					
TITLE		DELETE 3.1		LE				Change	☐ Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3 3 ST	REET ADDRE	ss				
CITY-ST-ZIP			3.4. C	TY-ST-ZIP				_	
TITLE		☐ DELETE	4.1 TIT	LE				Change	Addition
NAME			4. 2 N/	ME					
STREET ADDRESS			4.3 ST	reet adore	SS				1
CITY-ST-ZIP			4.4 Cf	Y - ST - ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE		DELETE	5.1 TH				L	_ Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET ADDRE	ss				
CITY-ST-ZIP				Y - ST - ZIP				1	
TITLE		☐ DELETE	6.1 TiT	LE			L	_ Change	☐ Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET ADDRE	ss				
CITY-ST-ZIP			6.4 CI	Y-ST-ZIP					

14. Thereby 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 recovery purple 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 or an attachping with an addition.

2/12/40 (11/1002 0520