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 #

14. I hereby certify that the infindicated on this annual e officer or director of the co

J96240

(3)

J.D.C. DEVELOPMENT SERVICES, INC.

FILED

Mar 31 1998 8:00am

Secretary of State

Principal Plac	ce of Business	Mailing Address				. inantite ditte feitid ditte biete diete diete biete biete biete biete biete biete		
-1300 CORPORATE CENTER WAY: STE 200-		1300 CORPORATE CENTER WAY, STE 200			-200			
WELLINGTON FL 33414		WELLINGTON FL 33414				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						10/05/1987		
· ·	Place of Business	2a. Mailing Address		_		4. FEI Number		pplied For
21 12777 Suite, Apt.	W. FOREST HILL BLVD	26 12777 W. Forest Hill Blvd Suite, Apl. #, etc.			<u> 1 B1vd</u>	65-0005333 Not Applicable		
22 1502		1502				5. Certificate of Status Desired		Additional leguired
City & Stat		City & State				6. Election Campaign Financing \$5.00 May 8e		
23 WELL	NGTON, FL	28 WELLINGTON	FL.			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	-		8. This corporation owes or has paid the cur	rent year In	itangible
24 33414		29 33414	30 PAI	M	BEACH			No
9. Name and Address of Current Registered Agent NICCMAN IOHN E 81 Nam						10. Name and Address of New Registered	Agent	
	esman, John e 9 Forester Ct				Name			
	ELLINGTON FL 33414	82		82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
***	LEBUTATOR LE GOTT		}	83				··· ·
			}	B4	City		85 Zip	Code
			1	- 1		FL		
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State o	and 607.1508, Florida Statut f Florida. Such change was :	es, the ab authorized	ove d by	 named corpo the corporatio 	oration submits this statement for the purpose of on's board of directors. I hereby accept the app	changing i cintment as	ts registered registered
agent. La	im familiar with, and accept the obligati	ons of, Section 607.0505, Fl	orida State	utes.	. '			
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable. (NOI	E: Registered	Agen	l signature required	d when reinstating) DATE		
12.	OFFICERS AND				a signation require	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
TITLE	DCPT	☐ DELET E	1.1 TIT	LE			☐ Change	Addition
NAME			1.2 NA	1.2 NAME				
STREET ADDRESS	149 FORESTER COURT	1.3 \$1		1.3 STREET ADDRESS				
CITY-ST-ZIP				1.4 CITY-ST-ZIP				
TITLE NAME	CASLER, JACK H	☐ DELETE	2.1 117				Change	☐ Addition
STREET ADDRESS	4000 CAN BOAT OIDOLE			2.2 NAME 2.3 STREET ADDRESS				
CITY-ST-ZIP	WELLINGTON FL							1
TITLE				2. 4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
NAME	KENNEY, ERIC M	-	3.2 NAI					
STREET ADDRESS	1200 WHITE PINE DRIVE			-	ADDRESS			
CITY-ST-ZIP	WELLINGTON FL 3.4		3.4. CIT	1Y-S1	- ZIP			
TITLE	**	DELETE	TE 4.1 TITLE				Change	Addition
NAME	ENABIRONNIA		4. 2 NA	ME				İ
STREET ADDRESS			4.3 STR	REET A	ADDRESS			
CITY-ST-ZIP	DOMEON DEAGN FU	T cores	4.4 CIT		- ZIP			
TITLE		DELETE	5.1 TITE				L Change	Addition
NAME OTREET ARRIBERS			5.2 NA		Parter			
STREET ADDRESS CITY-ST-ZIP					DORESS			
TITLE				5.4 CfTY - ST - ZIP 6.1 TITLE			Change	☐ Addition
NAME			6.2 NAM		- 1	'	orange	- Managai
STREET ADDRESS			. I		.DDRES\$			

6.4 CITY - ST - ZIP

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that 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 acciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in that the information is true and accurate and that my name appears in the same terms of the same terms.