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

PROFIT CORPORATION ANNUAL REPORT

CITY - \$1 - 7(P



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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2001	6 4 F	ıT	11	1.	4	

Principal Place 3434 US 1 MIMS FL 3275	MENT # K4779 NASE DEVELOPMENT COM CC of Business 14-5501	MPANY, INC. Mailing Address 3434 US 1 MIMS FL 32754-5501						
US		US		3. Date Incorporated or Qualified 11/14/1988	3a. Date of Last Report 04/29/1996			
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
21		26		59-2927704	Not Applicable			
Suite, Apt	t #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be			
23		28		Trust Fund Contribution	Added to Fees			
Zφ	Country	Zıp	Country	B. This corporation has liability for in				
24	25	29	30		Yes No			
	 Name and Address of Cur AUVIN, DAVID F. 	rent Registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent			
MIM	4 N US 1 IS FL 32754 t to the provisions of Sections 607.1 registered agent, or both, in the St	0502 and 607.1508, Florida Sta ale of Florida Such change wa	83 84 City	poration submits this statement for the pation's board of directors. I hereby accep	FL 85 Zip Code			
agent 1. SIGNATURE	arn familiar with, and accept the ob- Signature, typical or printed name of registered		Florida Statutes.		DATE			
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12			
Till£	VTD	☐ DELETE	1.1 TITLE		Change Addition			
NAMŧ	CHAUVIN, DAVID F.		1.2 NAME					
STHEET ADDRESS			1.3 STREET ADDRESS					
CITY - ST - ZIP	MIMS FL	PELETE	1.4 CiTY-ST-ZIP		D Observe D 4 4 4 10 bas			
TITLE	PSD CHAIRAN DATRICIA A	DELETE	2.1 TITLE		☐ Change ☐ Addition			
NAME STREET ADDRESS	CHAUVIN, PATRICIA A.		2.2 NAME 2.3 STREET ADDRESS					
CATA-21-MA	MIMS FL		2.4 CITY - ST - ZIP					
TITLE		DELETE	31 TITLE		Change Addition			
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY SI-7P		····	3.4. CITY-ST-ZIP					
THE		DELETE	4.1 TITLE		Change Addition			
NAME			4. 2 NAME		•			
STREET ADDRESS			4.3 STREET ADDRESS		}			
CHY-S1-7IP		DELETE	4.4 CITY-ST-ZIP		Chross Laws			
TITLE		☐ DELETE	5.1 TITLE		Change Addition			
NAMI			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS		ļ			
CITY+S1-ZiF TFILE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	<u></u>	Change Addition			
NAME.		C ortri	62 NAME		The amount of the second of th			
NAME CIBELLANDERS			63 STREET ANDRESS					

14. I do 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 artischment with an address. SIGNATURE:

6.4 CITY-ST-ZIP

FILED

May 05 1997 8:00am Secretary of State