FILE NOW: FILING FEE IS $61.25

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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N34170** **(3)**

1. Corporation Name

FLORIDA BUSINESS DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
6801 LAKE WORTH RD RM 209 LAKE WORTH FL 33467 US	6801 LAKE WORTH RD. STE. 209 LAKE WORTH FL 33467-2966 US

3. Date Incorporated or Qualified: 09/05/1989
3a. Date of Last Report: 01/31/1996

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

4. FEI Number: 65-0179159 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

ABRAHAM, JEROME
6801 LAKE WORTH RD.
STE. 209
LAKE WORTH FL 33467

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

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, ZAIDA		1.2 NAME	
STREET ADDRESS	475 RIO VISTA LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MANOS, MANNY		2.2 NAME	
STREET ADDRESS	801 N W 47TH AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GESIO, EDUARDO		3.2 NAME	
STREET ADDRESS	760 NW 42ND AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, DAVID		4.2 NAME	
STREET ADDRESS	24 LAUREL LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NH 03824		4.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ABRAHAM, JEROME		5.2 NAME	
STREET ADDRESS	1533 ISLAND SHORES		5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FREY, MICHAEL		6.2 NAME	
STREET ADDRESS	1 E. BROWARD BLVD. #604		6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jerome Abraham REQUIRED 1/9/97 561-433-0233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0044050