FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # P94000001451 (1)

1. Corporation Name

E T DEVELOPMENTS, INC.

Principal Place of Business
7280 NORTH KENDALL DRIVE
MIAMI FL 33156

Mailing Address
7280 NORTH KENDALL DRIVE
MIAMI FL 33156

3. Date Incorporated or Qualified: 01/06/1994
3a. Date of Last Report: 07/11/1995

2. Principal Place of Business
21
Street, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Street, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: 65-0475190 — 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

BROWN, B M ESQ
7100 NORTH KENDALL DRIVE
MIAMI FL 33156

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned hereby consents to the submission of the name of the person or persons listed below for the purpose of changing the registered office or registered agent or both, under Section 607.0505, Florida Statutes, in the corporate records of this corporation. I understand that the appointment as registered agent I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Date

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	WILLIAMSON, GEORGE E II	
STREET ADDRESS	C/O 7280 NORTH KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	[ ] DELETE
NAME	WILLIAMSON, THOMAS W	
STREET ADDRESS	C/O 7280 NORTH KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	[ ] DELETE
NAME	SCALSKY, LANCE	
STREET ADDRESS	815 THOMPSON ST	
CITY-ST-ZIP	RALEIGH NC	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	[ ] Change [ ] Addition
1 NAME	
1 STREET ADDRESS	
1 CITY-ST-ZIP	
2 TITLE	[ ] Change [ ] Addition
2 NAME	
2 STREET ADDRESS	
2 CITY-ST-ZIP	
3 TITLE	[ ] Change [ ] Addition
3 NAME	
3 STREET ADDRESS	
3 CITY-ST-ZIP	
4 TITLE	[ ] Change [ ] Addition
4 NAME	
4 STREET ADDRESS	
4 CITY-ST-ZIP	
5 TITLE	[ ] Change [ ] Addition
5 NAME	
5 STREET ADDRESS	
5 CITY-ST-ZIP	
6 TITLE	[ ] Change [ ] Addition
6 NAME	
6 STREET ADDRESS	
6 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information indicated on this report or supplemental 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 added, or deleted.

SIGNATURE: [signature] April 26, 1996 305-670-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone