

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P9500003377 (5)**

1. Corporation Name
PUBLIX DEVELOPERS CORPORATION



Principal Place of Business: **100 SOUTH BISCAYNE BLVD. SUITE 1100 MIAMI FL 33131**
Mailing Address: **100 SOUTH BISCAYNE BLVD. SUITE 1100 MIAMI FL 33131**

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

9. Name and Address of Current Registered Agent
**HOLLO, WAYNE
100 SOUTH BISCAYNE BLVD.
SUITE 1100
MIAMI FL 33131**

3. Date Incorporated or Qualified: **01/12/1995** 3a. Date of Last Report
4. FEI Number: **65-0575210** 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
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.01-09 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HOLLO, TIBOR		2. NAME	
STREET ADDRESS: 100 SOUTH BISCAYNE BLVD. #1100		3. STREET ADDRESS	
CITY-STATE-ZIP: MIAMI FL 33131		4. CITY-STATE-ZIP	
TITLE: STD	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HAWKINS, KEVIN		6. NAME	
STREET ADDRESS: 100 SOUTH BISCAYNE BLVD. #1100		7. STREET ADDRESS	
CITY-STATE-ZIP: MIAMI FL 33131		8. CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		10. NAME	
STREET ADDRESS:		11. STREET ADDRESS	
CITY-STATE-ZIP:		12. CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		14. NAME	
STREET ADDRESS:		15. STREET ADDRESS	
CITY-STATE-ZIP:		16. CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		18. NAME	
STREET ADDRESS:		19. STREET ADDRESS	
CITY-STATE-ZIP:		20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied on this report is true, correct, and complete and does not qualify for the exemption stated in Section 19.074(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and a separate 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 both, as certified on previous reports or as reported on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached written article.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

CR2E034 (12/95)