

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

FILED
Apr 11 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P97000000770 (2)
 1. Corporation Name
ABC DEVELOPMENT, INC. OF CENTRAL FLORIDA



| | |
|---|--|
| Principal Place of Business P O BOX 149394 ORLANDO FL 32814 | Mailing Address P O BOX 149394 ORLANDO FL 32814-9394 |
|---|--|

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|--|----|--|--|
| 3. Date Incorporated or Qualified 12/30/1996 | | 3a. Date of Last Report | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | 26 | 4. FEI Number 59-3429697 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | 27 | |
| 23 | | 28 | |
| City & State | | 29 | |
| Zip | | 30 | |
| 24 | | 25 | |
| Country | | Country | |
| 25 | | 29 | |
| 29 | | 30 | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| SHUMWAY, AMY M 2831 FORSYTH RD UNIT 107 WINTER PARK FL 32782 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | 85 Zip Code | | | |
| | | | | FL | | | |

11. Pursuant to the provisions of Sections 607.0502 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 _____
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 <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHUMWAY, AMY M | 1.2 NAME | SHUMWAY, AMY (M.) |
| STREET ADDRESS | P O BOX 149394 N/A | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32814 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHUMWAY, CRAIG S | 2.2 NAME | |
| STREET ADDRESS | P O BOX 149394 N/A | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32814 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 attachment with an address.

SIGNATURE: *Amy M. Shumway* **Amy Shumway** 3/22/97 407-671-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001000

CR2E034 (9/96)