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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M56588

(0)

| | A DEVELOPMENT INC. | | | | | | | |
|--|--|---|------------------------|-----------------------|--------------------------|---|----------------------------|---------------------------------|
| Principal Place of Business C/O ROBERT W. WYMAN 3095 S. MILITARY TRAIL LAKE WORTH FL 33463 | | Mailing Address C/O ROBERT W. WYMAN 3095 S. MILITARY TRAIL LAKE WORTH FL 33463-2108 | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 07/31/1987 | 3a. Date of Last 04/26/199 | |
| | lace of Business | 2a. Mailing Address | 1 | | | 4. FEI Number 59-2834895 | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | \- | | | | - \$8.75 Additional | |
| 2 | | 27 | | | | 5. Certificate of Status Desired | Fee | Required |
| City & State | | City & State | | | | Election Campaign Financing Trust Fund Contribution | | 00 May Be led to Fees |
| Zip | Country | 28 Zip | Cou | intry | , | 8. This corporation has liability for in | | |
| 24 | 25 | 29 | | | Florida Statutes Yes XNo | | | |
| | 9. Name and Address of Curren | t Registered Agent | | 81 | Name | 10. Name and Address of New Reg | istered Agent | |
| | MAN, ROBERT W. | | | | ivanie | | | |
| 3095 S. MILITARY TRAIL LAKE WORTH FL | | , | | 82 | Street Add | dress (P.O. Box Number is Not Acceptabl | e) | |
| | | | | 83 | | | | |
| | | | | 84 | City | | FL 85 4 | Zip Code |
| 11. Pursuant (| to the provisions of Sections 607.050 | 2 and 607.1508. Florida Statut | tes, the a | bove | e-named co | rporation submits this statement for the pr | | na its registered |
| office or re agent. I a | egistered agent, or both, in the State m familiar with, and accept the obliga | of Horida. Such change was ations of, Section 607.0505, Fl | authorize orida Sta | d by tute: | y the corpor s. | rporation submits this statement for the pr ation's board of directors. I hereby accep | t the appointment | as registered |
| SIGNATURE | Signature, typed or printed name of registerest age | ud myd bile if needlesship. (ANCA) | Landidan | d Ao | ort electric sec | μέτοθ when reinstaling) | DATE | |
| 12. | OFFICERS AND | | 13. | - ngr | orn agristore req | ADDITIONS/CHANGES TO OFFICE | | ORS IN 12 |
| TITLE | PTD | ☐ DELETE | 111 | TLE | | | Chan | ge Addition |
| NAME | | | 12 N | 12 NAME | | | | |
| STREET ADDRESS | 1410 CARAMBOLA RD. W. PALM BEACH FL | | | | ADDRESS | | | |
| CITY-ST-ZIP TITLE | VS | DELETE | 14 C 2 1 T | | 61 - ZIP | | Chan | ige Addition |
| NAME | RICE, MARGARET È. | | | 22 NAME | | | | go |
| STREET ADDRESS | 1410 CARAMBOLA RD. | | | 3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | W. PALM BEACH FL | PALM BEACH FL 2 | | 2. 4 CITY - S1 - ZIP | | | | |
| TITLE | | 32 | | 3 1 TITLE 3 2 NAME | | | ☐ Chan | ge Addition |
| NAME | | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP TITLE | | | | HEY-S TLF | ST-7IP | ····· | Chan | ge Addition |
| NAME | | _ | 4.2 N | IAME | | | | • |
| STREET ADDRESS | | | 4.3 S | TREET | ADORESS | | | |
| CITY-ST-ZIP | | | 4.4 C | 11Y-5 | ST-ZIP | | | |
| TITLE | | DELETE | 5.1 TI | TLE | | | Chan | ge Addition |
| NAME | | | 5.2 N | | | | | |
| STREET ADDRESS | | | | | I ADDRESS | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.4 C 6.1 Ti | | ST-ZIP | | ☐ Chan | ge Addition |
| NAME | | | 6.2 N | | 1 | | | |
| STREET ADDRESS | | | l. | | ADDRESS | | | |
| CITY-ST-ZIP | | | ŀ | | ST - 21P | | | |
| 14. I do heret | by certify that the information supplied in indicated on this annual report or s | d with this filing does not qual | true and | exe | emption state | ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal | . I further certify t | hal the |
| I am an o appears i | flicer or director of the conoration or n Block 12 or Block 12 changed, or | the receiver or trustee empor r on an att at ment with an or | dues to e | oxec | cute this rep | at my signature shall have the same legal ort as required by Chapter 607, Florida St | atules; and that r | ny name |