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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 143132 (9)
1. Corporation Name
AMERICAN DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address
2990 SOUTH ATLANTIC AVE. 2990 SOUTH ATLANTIC AVE.
DAYTONA BEACH FL 32118-6002 DAYTONA BEACH FL 32118-6002

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1944		3a. Date of Last Report 01/30/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 22-1841061		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent TUMBLESON, J. DOYLE 150 S.PALMETTO AVE. DAYTONA BEACH FL 32014				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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, DONN H.	1.2 NAME	Uanino, Anthony
STREET ADDRESS	FOUR BECKER FARM RD.	1.3 STREET ADDRESS	2990 South Atlantic Ave.
CITY - ST - ZIP	ROSELAND NJ	1.4 CITY - ST - ZIP	Daytona Beach Shores FL 32118
TITLE	VASD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UANINO, ANTHONY	2.2 NAME	Collins, Ann
STREET ADDRESS	2990 S. ATLANTIC AVE.	2.3 STREET ADDRESS	2990 S. Atlantic Ave.
CITY - ST - ZIP	NEW YORK NY	2.4 CITY - ST - ZIP	Daytona Beach Shores FL 32118
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, J	3.2 NAME	Jensen, Alfred
STREET ADDRESS	2990 S ATLANTIC AVE	3.3 STREET ADDRESS	2990 South Atlantic Ave.
CITY - ST - ZIP	DAYTONA BCH SHRS, FL00000	3.4 CITY - ST - ZIP	Daytona Beach Shores FL 32118
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSEIBL, ERIC	4.2 NAME	
STREET ADDRESS	FOUR BECKER FARM RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ROSELAND NJ	4.4 CITY - ST - ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, R.DON	5.2 NAME	
STREET ADDRESS	2990 S.ATLANTIC AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BCH.SHORES FL	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, unchanged, or on an attachment with an address.

SIGNATURE: Anthony Uanino 3/14/97 904-761-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)