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 # 190411 (9)

1. Corporation Name

ACTIVE DEVELOPMENT CO.

Principal Place of Business
1950 N.E. 135TH STREET
NORTH MIAMI FL 33181

Mailing Address
1950 N.E. 135TH STREET
NORTH MIAMI FL 33181

3. Date Incorporated or Qualified: **01/23/1956**
3a. Date of Last Report: **04/24/1995**

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

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

4. FEI Number: **59-0771840** ☐ 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

~~HAMILTON, JOHN E.~~
~~1950 N.E. 135 STREET~~
~~NORTH MIAMI FL 33181~~

10. Name and Address of New Registered Agent

81 Name: Patricia J. Hamilton
82 Street Address (P.O. Box Number is Not Acceptable): 1950 N.E. 135th Street
83
84 City: North Miami FL 85 Zip Code: 33181

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: [signature] Patricia J. Hamilton 3/6/96
Signature Typed or Printed Name of Registered Agent and Title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DST	☐ DELETE
NAME	HAMILTON, PATRICIA J.	
STREET ADDRESS	1950 NE 135 ST.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	PD	☐ DELETE
NAME	HAMILTON, JOHN E.	
STREET ADDRESS	1230 NE 102 ST.	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	President / Director	☒ Change ☐ Addition
1.2 NAME	Patricia J. Hamilton	
1.3 STREET ADDRESS	1950 NE 135th Street	
1.4 CITY-ST-ZIP	North Miami, Fl 33181	
2.1 TITLE	Sec / Tres / Director	☒ Change ☐ Addition
2.2 NAME	John Hamilton	
2.3 STREET ADDRESS	1950 N.E. 135th Street	
2.4 CITY-ST-ZIP	North Miami, Fl. 33181	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Patricia J. Hamilton 3/6/96 (305) 940-6236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #