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

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PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 190411

(9)

ACTIVE DEVELOPMENT CO.

HAMILTON, PATRICIA J. 1950 NE 135TH STREET

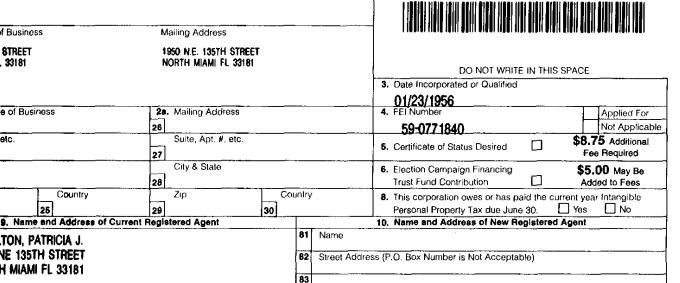
NORTH MIAMI FL 33181

Principal Place of Business	Mailing Address	
1950 N.E. 135TH STREET NORTH MIAMI EL 33181	1950 N.E. 135TH STREI NORTH MIAMI EL 3318	

Country

FILED Feb 03 1998 8:00am Secretary of State

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

84 City

office or re agent. I ar	egistered agent, or both, in the State of Florida. Such change was aum familiar with, and accept the obligations of, Section 607.0505, Flor	ithorized by the corpo ida Statules.	pration's board of directors. I hereby accept the appointment as regi-	stered
SIGNATURE		<u></u>		
12.	Signature typed or printed hance of registered agent and title 4 applicable (NOTE: OFFICERS AND DIRECTORS	Registered Agent signature re 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	112
TITLE	PD DELETE	1.1 TITLE		Addition
NAME	_	1.2 NAME	C Ordango C	_ //00///01/
· · · · · · · · · · · · · · · · · · ·	HAMILTON, PATRICIA J.			
STREET ADDRESS	1950 NE 135 ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL	1.4 CITY - ST - ZIP		Laganosis
TITLE	0.0	2.1 TITLE	Change	Addition
NAME	HAMILTON, JOHN E.	2.2 NAME		
STREET ADDRESS	1230 NE 102 ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL	2 4 CITY-ST-ZIP		
TITLE	☐ DÉLETE	3.1 TITLE	☐ Change ☐	Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE	DELETE	4.1 TITLE	Change	Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4,4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE	Change 🔲	Addition
NAME		: 5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE	☐ Change	Addition
NAME	_	6.2 NAME	· ·	
STREET ADDRESS		6.3 STREET ADDRESS		
CITY CT 300		CACILY OF 210		

14. I 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 suppliemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

305-9406236 1/2/0/98