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

חר	CI	IM	1FNT	#	252200	ı

(1)

Corporation Name

Main	DEVE	OPMENT	CORP
III II	IJEVEL		VVIII

DUBOV D	DEVELOPMENT CORP		1881 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188		
Principal Place of	Business	Mailing Address		i iddite iingt bute sidte van gestri	
		6363 N.W. 23RD TERRA	ACE		
6363 N.W. 23RD BOCA RATON FI	1 33496	BOCA RATON FL 3349			
JOON MAION II				3. Date Incorporated or Qualified	3a. Date of Last Report
				10/16/1961	04/19/1995
	(D	2a. Mailing Arldress		4. FEI Number	Applied For
2. Principal Place	6 Ot Briziliess	26		59-0976933	Not Applicable
1	ot-	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #. •	etc.	27			Lee riedured
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
3		28	·	Trust Fund Contribution 8. This corporation has liability for	
Zip	Country	Zip	Country	8. This corporation has liability for Florida Statutes Yes	No
4	25	29	30	10. Name and Address of New I	
	9. Name and Address of Curre	nt Registered Agent	81 Name	TO, Name and	
			1 1		
DUBOV, D	AMD J		82 Street Add	ress (P.O. Box Number is Not Accepta	cie)
6363 N.W.	. 23RD TERRACE				
	TON FL 33496		83		
DOOM IC			84 City		FL 85 Zip Code
				oration submits this statement for the pr and of directors. Thereby accept the ap	fighter against the registered office
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES 10 OF	FICERS AND DIRECTORS IN 12 Change Addition
TITLE	PD	☐ D(TE);			
NAME	DUBOV,DAVID J		1.2 NAME		
STREET ADURESS	6363 N.W. 23RD TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 C(h) \$1 - Z(P) 2.1 T (LE)		Change Addition
TI'LE	SD	☐ DETEIE			
NAME	DUBOV,JOAN		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS	6363 N.W. 23RD TERRACE				
CITY-ST-ZIP	BOCA RATON FL	E no ett	3 1 III.E		Change Addition
TITLE		☐ DELETE	3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ACORESS			3.4 C(TY - ST - ZIP		
CITY-ST-ZIF		DELETE	4 1 J./LE		Change Addition
THILE		Присси	4.2 NAME		
NAME			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY - ST - ZIP		
CITY - ST - ZIP		DELETE	5 1 TILE		☐ Change ☐ Additio
TITLE		يا مردداد	5.2 NAME		
NAME			5.3 STHEET ADDRESS		
STREET ADDRESS			5 4 CITY - \$1 - ZIP	_	
CITY - ST - ZIP		□ OFLETE	6 1 TILE		Change Addition
TITLE			6.2 NAMÉ		
NAME			6 3 STREET ADDRESS		
STREET ADDRESS					Control of the Contro
CITY - ST - ZIP	by cortifu that this information engal	ed with this filling is voluntarily	tunished and does not gua	Fy for the exemption stated in Section curate and that my signature shall have	119 07(3)(k), Florida Statutes. I further the same legal effect as if made und
certify the	at the information indicated on this	Inhuat report or supplemental	annual report is true and accusted employees to execute		
oath; tha	t Lam an officer or director of the f or in Black 12 or Block 13 if chanded.	arporation or the repaire or the	address.	,1 1 .	(1/27) 241,255
oath; tha appears	it Lam an officer or director or the fair in Black 12 or Black 13 if changot.	or of an apartment with an	address.	curate and that my signature shall have a this report as required by Chapter 60.	(407)241-3

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR