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	#
1. Corporation Name	

DOCU 1. Corporatio	MENT # 33	34220 (1)			
	ERS DEVELOPMENT	^∩pp		İ	
IALL	THO DEAFFOLINIFIAL	CONF		1 100 (60 tilan 1) (1) \$16 (0 tilan 1) (1) (1)	ARK MIDRI MIJAKA MIMIL MIMIL MAMIL ARMIL AMBA
Principal Place	e of Business	Mailing Address			ter minere didiri menit dedit difili 1004
5070 N HIGHWAY A1A VERO BEACH FL 32963		5070 N. HIGHWAY A			
US	NOTI PL 32903	VERO BEACH FL 329 US	963		
	•				ate of Last Report
2. Principal P	ace of Business	2a. Mailing Address		08/26/1968 4. FEI Number	03/20/1995
21 26			59-1269058	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
F		27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for intangible	Added to Fees
24	25	29	30	Florida Statutes Yes No	tax under \$ 199,032,
	9. Name and Address of	of Current Registered Agent		10. Name and Address of New Registers	d Agent
			81 Nanie		
	, PETER		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
1	S OCEAN DR		83		
MANA	LAPAN FL 33462		03		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections (607.0502 arid 607.1508, Florida Statute	s, the above named corpo	enten e destablis et de mateix	
Or register	ен адель, от решь, ят ые адд	e of Florida. Such change was authorize s of, Section 607.0505, Florida Statutes	ed by the corporation's boa	radion submits this statement for the purpose of a aid of directors. I hereby accept the appointment	as registered agent. I am
SIGNATURE					
12.	Signature, typed or printed name of regi	Seed agent and title if applicacio (NOT DERS AND DIRECTORS	E. Begislered Agent's grutor, re pro		
TILLE	PD	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME	BLUM, PETER		1.2 NAME		Li Cridinge Lij Applicon
STREET ADDRESS	1890 S OCEAN DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MANALAPAN FL		1.4 CITY - ST - ZIF		
THLE	SD	DELETE	2 1 THLE		Change Addition
NAME	BLUM, MAUREEN		2 2 NAME		
STREET ADDRESS	1890 S OCEAN DR		2.3 SPREET ADDRESS		
C:TY - ST - ZIP	MANALAPAN FL V	FT FEG ET I	2.4 CITY - ST - ZIP	· · · ·	- <u>-</u>
TITLE NAME		☐ DELFTŁ	3 17HtE		Change Addition
STREET ADDRESS	2483 PAR CIRCLE		3.2 NAME		
CITY-ST-ZIP	DELRAY BEACH FL		3.3 STREET ADDRESS		
TITLE	DEETH) DENOTITE	DELFTE	3.4 CHY-SI-7/P 4.1 TULE		Change Addition
NAME			4.2 NAME		☐ cusude ☐ vacuusu
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-SI-ZIP			4.4 CiTy - ST - ZiF		
THILE		DELETE	5 1 TILE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C-1Y-ST-7-F			5.4 CITY - ST - ZIP		
THTLE		DEL ETE	6 1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
C(1)Y - S1 - 2(P			6.4 CrTY - ST - ZIP		

14. Ido 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 triat my signature shall have the same legal effect as if made under cath; 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:

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96

407-234-4846