

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

FILED

Apr 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 350237 (4)  
1. Corporation Name  
ATGAR DEVELOPMENT CORPORATION

Principal Place of Business  
9700 SO. DIXIE HWY., #570  
MIAMI FL 33156

Mailing Address  
9700 SO. DIXIE HWY., #570  
MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/01/1969	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1269014	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BAILEY, HUNT, JONES & BUSTO, P.A. 501 BRICKELL KEY DR STE 300 COURVOISIER CENTRE MIAMI FL 33131-9808				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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

Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	
NAME	BAILEY, JOHN R	1.2 NAME	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	BABCOCK, MARY	2.2 NAME	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	BABCOCK, E. VOSE, III	3.2 NAME	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	3.4 CITY-ST-ZIP	
TITLE	PDC	4.1 TITLE	
NAME	BAILEY, GUY B	4.2 NAME	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	AS
NAME	MALCOLM VI, K	5.2 NAME	COLONNA, DAVID W.
STREET ADDRESS	9700 SO. DIXIE HWY., #570	5.3 STREET ADDRESS	9700 SO. DIXIE HWY. #570
CITY-ST-ZIP	MIAMI FL 33156	5.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D	6.1 TITLE	DS
NAME	BAILEY, PATRICIA E.	6.2 NAME	BAILEY, PATRICIA E.
STREET ADDRESS	9700 SO. DIXIE HWY., #570	6.3 STREET ADDRESS	9700 SO. DIXIE HWY. #570
CITY-ST-ZIP	MIAMI FL 33156	6.4 CITY-ST-ZIP	MIAMI, FL 33156

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 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:

John R. Bailey, V.P.

1/5/98

(305)670-0406

CR2E034 (10/97)