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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # OPCION

151

| 1. Corporation | Name | DEVELOPMENT CO | | RATION | | | | | | | | |
|--|-----------------------------------|---|---|--|------------------------|---------------------------------------|---|--|---|----------------------------|---------------------------|-------------------|
| Principal Place of Business | | | | Mailing Address | | | | ·· | | | 811 01011 0101 1 | DION ORDER (DO) |
| SUITE 232 1777 VENICE LANE NORTH MIAMI FL 33181 | | | SUITE 232 1777 VENICE LANE NORTH MIAMI FL 33181 | | | | 3. Date Incorporate | d or Qualified | 3a. Date | of Last Re | port | |
| | | | | | | | | 04/26/1973 | } | | 8/09/19 | 95 |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | 4, FFI Number | 04 | | | applied For | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 59-17301 | 91 | | an an ingentura an indigen | lot Applicable Additional | |
| | | | | 27 | | | | Certificate of State | us Desired | | - - · · - | Required |
| City & State | | | | City & State | | | | 6. Election Campaig | n Financing | F-11 | \$5.00 |) May Be |
| 23 | | | 28 | | | | Trust Fund Contr | ibution | | Added | l to Fees | |
| Zip | | | k, ' k | | F | Country | | • | This corporation has liability for intangible tax under s 199.032, Florida Statutes | | | 199.032, |
| 24 | 25 g. Name and Address of Current | | 29 30 | | [30] | ····· | | Florida Statutes 10. Name and Addi | | | Agent | |
| | g, italie | THE RECEIVED | riogist | | 8 | | Nanie | 10, 110, 110 | | | | |
| WOHL, MATTHEW | | | | | | | 01 1 A | ddress (P.O. Box Number is Not Acceptable) | | | | |
| 1777 VENICE LANE #232 N.MIAMI FL 33181 | | | | | 8 | ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | Street Ac | uress (r.o. box radinaer is | HOI ACCEPIA | тэтоў | | |
| | | | | | 8: | 3 | | | | | | |
| | | | | | 8- | 1 | City | | | | 85 Zip | Code |
| 44 0 | Al | f Castiana 00% 0500 a | | 1EO2 Clasida Ctatuda | n the obers | 1 | mod sow | aration aubmita thin etaton | ant for the n | T L | anoina ite re | oristored office |
| or registere familiar with | ed agent, or h, and acce | ons of Sections 607.0502 a both, in the State of Florida pt the obligations of, Section | i. Such n 607.0 | change was authorize 505, Florida Statutes. | d by the cor | por | ation's b | eard of directors. I hereby a | ccept the app | pointment as | registered | agent. I am |
| SIGNATURE _ | Ctonshire head | or printed name of registered agent as | nd tile if a | murahla (NC) | E Rookstered An | ent si | ionative ren | ired when rainstating) | | DATE | | |
| 12. | agnature, tyreo | OFFICERS AND | | | 13. | | grinia is rock | ADDITIONS/CHA | NGES TO OF | | DIRECTO | RS IN 12 |
| TITLE | P | | | DELETE | 1. 1 TITLE | <u> </u> | | | | [| Change | Addition |
| NAME | WOHL | , MATTHEW | | | 1.2 NAMI | | | | | | | |
| STREET ADDRESS 1777 VENICE LANE, STE 232 | | | | 1.3 \$1 | | ET AE | DRESS | | | | | |
| CITY-ST-ZIP | NO.MI | AMI FL | | | 1.4 CHY | | | , n | | | | |
| TITLE | VP | | | | | ļ., | | POHL, TAMARA | | | ∑ Change | Addition Addition |
| NAME | WOHL, BENJAMIN | | | | | | | 177 VENICE LANE ST | E.232 | | | |
| STREET ADDRESS 1777 VENICE LANE, STE 232 CITY-S1-ZIP N. MIAMI FL | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | MIRMI, FL 3318 | | | | |
| CITY-S1-ZIP TITLE | N. MIA ST | WII FL | | DELETE | 2.4 CITY 3.1 TITU | | | IT | | | Change | Addition |
| NAME | | , TAMARA | | <u></u> | 3 2 NAM | | . | OHL BENJAMIN | | - | _ | _ |
| STREET ADDRESS | | /ENICE LANE,STE 232 | | | 3.3 STR | | í | 777 VENICE LANEIS | ĨĒ-232 | | | |
| CITY-ST-ZIP | | AMI FL | | | 3.4 CITY | | | MIAMI, FL 331 | | | | |
| TITLE | | | | DELETE | 4 1 3 iTL | | | 777 | | | Change | Addition |
| NAME | | | | | 4 2 NAM | E | | | | | | |
| STREET ADDRESS | | | | | 4 3 STRE | ET AC | DORESS | | | | | |
| CiTY-ST-ZIP | | | | <u>-</u> - | 4.4 CITY | | 712 | | | | | |
| TITLE | | | | DELETE | 5. 1 TITL | | | | | | Change | Addition Addition |
| NAME | ļ | | | | 5.2 NAM | | | | | | | |
| STREET ADDRESS | | | | | 5.3 STRE | | | | | | | |
| CITY-ST-ZIP | _ | | | E Driese | 5.4 CITY | | ZIP | | | | Change | Addition |
| TITLE | | | | DELETE | 6 1 1111 | | j | | | | L_1 change | T YOURION |
| NAME | | | | | 6.2 NAM | | nnacce | | | | | |
| STREET ADDRESS | | | | | 6 3 STREE 6 4 C/1Y- | | | | | | | |
| CITY-ST-ZIP | 1 | | | | ■ 64 UTY | · 91. | LIF | | | | | |

14. Lot 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 innual 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 13 if glapsed, or on an attachment with an address? SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)