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 # **443609** **(3)**

1. Corporation Name

DEVELOPMENT ADVISORY CORPORATION

Principal Place of Business	Mailing Address
400 LESLIE DR #215 HALLANDALE FL 33009 US	400 LESLIE DR. #215 HALLANDALE FL 33009 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: 02/19/1974

3a. Date of Last Report: 04/07/1995

4. FEI Number: 59-1497510 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WOLOFSKY, SYDNEY
400 LESLIE DR. #215
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name: KENNETH WOLOFSKY
82 Street Address (P.O. Box Number is Not Acceptable): 400 LESLIE DR #215
83
84 City: HALLANDALE FL 85 Zip Code: 33009

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] 3/14/96
(Signature of new registered agent, if changing) (Name of New Registered Agent, typed or printed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	PSD	☒ Change ☐ Addition
NAME	WOLOFSKY, KENNETH		1.2 NAME		
STREET ADDRESS	400 LESLIE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 00000		1.4 CITY-ST-ZIP		
TITLE	PTD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WOLOFSKY, SYDNEY		2.2 NAME		
STREET ADDRESS	400 LESLIE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 00000		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	V-T D	☒ Change ☐ Addition
NAME	WOLOFSKY, PETER		3.2 NAME		
STREET ADDRESS	400 LESLIE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 00000		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-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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)(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: [signature] 3/14/96 (954) 456-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (12/95)