

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

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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90178 022 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 443609

1. Corporation Name

DEVELOPMENT ADVISORY CORPORATION



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

Mailing Address  
400 LESLIE DR.  
#215  
HALLANDALE FL 33009  
US

DO NOT WRITE IN THIS SPACE

|                                |                     |   |               |                                |
|--------------------------------|---------------------|---|---------------|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified   | 4. FEI Number | Applied For                    |
| 21                             | 26                  | 02/19/1974  | 59-1497510    | Not Applicable                 |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired  |               | \$8.75 Additional Fee Required |
| 22                             | 27                  |   |               |                                |
| City & State                   | City & State        | 6. Election Campaign Financing Trust Fund Contribution                      |               | \$5.00 May Be Added to Fees    |
| 23                             | 28                  |   |               |                                |
| Zip                            | Country             | 7. This corporation owes the current year Intangible Personal Property Tax. |               | Yes No                         |
| 24                             | 25                  |   |               |                                |

9. Name and Address of Current Registered Agent

KENNETH WOLOFSKY  
400 LESLIE DR 215  
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

|                |                      |        |
|----------------|----------------------|--------|
| TITLE          | PSD                  | DELETE |
| NAME           | WOLOFSKY, KENNETH    |        |
| STREET ADDRESS | 400 LESLIE DR        |        |
| CITY-ST-ZIP    | HALLANDALE, FL 00000 |        |
| TITLE          | VTDD                 | DELETE |
| NAME           | WOLOFSKY, PETER      |        |
| STREET ADDRESS | 400 LESLIE DR        |        |
| CITY-ST-ZIP    | HALLANDALE, FL 00000 |        |
| TITLE          |                      | DELETE |
| NAME           |                      |        |
| STREET ADDRESS |                      |        |
| CITY-ST-ZIP    |                      |        |
| TITLE          |                      | DELETE |
| NAME           |                      |        |
| STREET ADDRESS |                      |        |
| CITY-ST-ZIP    |                      |        |
| TITLE          |                      | DELETE |
| NAME           |                      |        |
| STREET ADDRESS |                      |        |
| CITY-ST-ZIP    |                      |        |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |        |          |
|--------------------|--------|----------|
| 1.1 TITLE          | Change | Addition |
| 1.2 NAME           |        |          |
| 1.3 STREET ADDRESS |        |          |
| 1.4 CITY-ST-ZIP    |        |          |
| 2.1 TITLE          | Change | Addition |
| 2.2 NAME           |        |          |
| 2.3 STREET ADDRESS |        |          |
| 2.4 CITY-ST-ZIP    |        |          |
| 3.1 TITLE          | Change | Addition |
| 3.2 NAME           |        |          |
| 3.3 STREET ADDRESS |        |          |
| 3.4 CITY-ST-ZIP    |        |          |
| 4.1 TITLE          | Change | Addition |
| 4.2 NAME           |        |          |
| 4.3 STREET ADDRESS |        |          |
| 4.4 CITY-ST-ZIP    |        |          |
| 5.1 TITLE          | Change | Addition |
| 5.2 NAME           |        |          |
| 5.3 STREET ADDRESS |        |          |
| 5.4 CITY-ST-ZIP    |        |          |
| 6.1 TITLE          | Change | Addition |
| 6.2 NAME           |        |          |
| 6.3 STREET ADDRESS |        |          |
| 6.4 CITY-ST-ZIP    |        |          |

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

(954) 458-2224

Daytime Phone

CR2E034 (11/98)

0123005