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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90112 040 ***150.00



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

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # 469213

1. Corporation Name
DEVELOPERS ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2372 N. A1A HWY
 INDIALANTIC FL 32903
 US**

Mailing Address
**2372 N. A1A HWY.
 INDIALANTIC FL 32903
 US**

3. Date Incorporated or Qualified
02/10/1975

2. Principal Place of Business
 21 Suite, Apt. #, etc.

2a. Mailing Address
 26 Suite, Apt. #, etc.

4. FEI Number
59-1574139

Applied For
 Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**RICHARD L. HALPERN
 C & S BANK BUILDING
 701 WEST CYPRESS CREEK ROAD SUITE #301
 FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent
 81 Name **FRANK SCRUBY**
 82 Street Address (P.O. Box Number is Not Acceptable) **767 BLANDING BLVD. SUITE 104**
 83
 84 City **ORANGE PARK** FL 85 Zip Code **32067**

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 *Frank M. Scruby* **FRANK M. SCRUBY, SECRETARY** 3/29/99
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAC CULLEY, DAVID	
STREET ADDRESS	2372 N. A1A HWY.	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCRUBY, FRANK M.	
STREET ADDRESS	P. O. BOX 1000 NA	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JOHNSON, EDWARD L.	
STREET ADDRESS	2148 ELLIS ROAD NO.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HALPERN, RICHARD L.	
STREET ADDRESS	414 N.E. 4TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VICE PRES; 50014 DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	767 BLANDING BLVD. SUITE 104
2.4 CITY-ST-ZIP	ORANGE PARK, FL 32067
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *David Mac Culley* Pres. (407) 777-9163
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (11/98)