FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **609563** **(2)**

1. Corporation Name
A AND V DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
1877 N. UNIVERSITY DRIVE CORAL SPRINGS FL 33071	1877 N. UNIVERSITY DRIVE CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/12/1979
3a. Date of Last Report: 04/01/1994

2. Principal Place of Business
21: 7400 N. FEDERAL HIGHWAY
Suite, Apt. #, etc.
22: SUITE B-6
City & State
23: BOCA RATON, FL.
Zip
24: 33487
Country
25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: 59-1912881 ☐ 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

LOFFREDO, ANTHONY V.
1877 N. UNIVERSITY DRIVE
CORAL SPRINGS 33071

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83: 7400 N. FEDERAL HIGHWAY - SUITE B6
84 City: BOCA RATON FL 85 Zip Code: 33487

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] PRES. DATE: 4/13/95
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required where indicated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	LOFFREDO, ANTHONY V.	12 NAME	
STREET ADDRESS	1877 N. UNIVERSITY DRIVE	13 STREET ADDRESS	7400 N. FEDERAL HIGHWAY - SUITE B6
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	BOCA RATON, FL. 33487
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	LOFFREDO, CAROLINE	22 NAME	
STREET ADDRESS	1877 N. UNIVERSITY DRIVE	23 STREET ADDRESS	7400 N. FEDERAL HIGHWAY - SUITE B6
CITY ST ZIP	BOCA RATON FL	24 CITY ST ZIP	BOCA RATON, FL. 33487
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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] PRES. 4/13/95 (407) 989-9840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
ANTHONY V. LOFFREDO

0114702 CP