SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Corporation Name

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Principal Place of Business Mailing Address

1500 E ROBINSON ST 1500 E ROBINSON ST
ORLANDO FL 32801 ORLANDO FL 32801

## FILED Oct 14 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

				3. Date Incorporated or Qualified		
				08/13/1981		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For		
21		[26]		59-2157146 Not Applicable		
Suite, Apt. #, etc,		Sulte, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & Stat	le	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	6. This corporation owes or has paid the current year Intangible		
24	25		30	Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
I NICHMOND, DAVID				Name		
1500 E R <b>ob</b> inson St			82 Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32801			<u>L</u>			
			[83]	83		
			<b>84</b> Cit	City 85 Zip Code		
				FL   S   ZIP Code		
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	Signature, typed or printed name of registered a	gent and title if applicable (NO	E: Registered Agent si	t signature required when reinstating) DATE		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVT	DELETE	1.1 TITLE	☐ Change ☐ Addition		
NAME	Baranowitz, Mordchai		1.2 NAME			
STREET ADDRESS	1500 E ROBINSON ST		1.3 STREET ADDRE	DRESS .		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	<u> </u>		
TITLE	VS	DELETE	2.1 TITLE	Change Addition		
NAME	RICHMOND, DAVID		2.2 NAME			
STREET ADDRESS	1500 E ROBINSON ST		2.3 STREET ADDRE	DRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	<u> </u>		
TITLE	DVS	DELETE	3.1 TITLE	Change Addition		
NAME	BEN-ARI, EITAN		32 NAME			
STREET ADDRESS	1500 E ROBINSON ST		3.3 STREET ADDRE	DRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP			
TITLE	VP	DELETE	4.1 TITLE	Change Addition		
NAME	FRANKEL, MOTTI		4.2 NAME			
STREET ADDRESS	1500 E ROBINSON ST		4.3 STREET ADDRE	PRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP			
TITLE	PD	DELETE	5.1 TITLE	Change Addition		
NAME	SOROKA, EYTAN		5.2 NAME			
STREET ADDRESS	1500 E ROBINSON ST		5.3 STREET ADDRE	PRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP			
TITLE	VP .	DELETE	6.1 TITLE	Change Addition		
NAME	EITAN, SEGI	<del></del>	6.2 NAME			
STREET ADDRESS	1500 É ROBINSON ST		6.3 STREET ADDRE	PRESS .		

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 changes or on an attachment with an address.

ENATURE: A SIGNATURE REQUIRED

ORLANDO FL

9/13/98

(407) 897-6200