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May 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 752815 (1)

1. Corporation Name
NEW CENTURY DEVELOPMENT CORPORATION, INC.

Principal Place of Business

5400 NW 22ND AVE. STE 701
MIAMI FL 33142

Mailing Address

5400 NW 22ND AVE. STE 701
MIAMI FL 33142-3075



3. Date Incorporated or Qualified
06/02/1980

3a. Date of Last Report
05/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-2146664

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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

10. Name and Address of New Registered Agent

GABRIEL, ROBERT C
1732 NW 59TH ST
MIAMI FL 33147

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CULVER, SULLIVAN C.
STREET ADDRESS 4513 NW 33RD AVENUE
CITY-ST-ZIP MIAMI FL

TITLE VD
NAME GABRIEL, ROBERT C
STREET ADDRESS 1732 N.W. 59TH STREET
CITY-ST-ZIP MIAMI FL

TITLE TD
NAME REAVES, JENNIE F
STREET ADDRESS 3315 NW 49 ST
CITY-ST-ZIP MIAMI FL 33142

TITLE ED
NAME WILLIAMS, SHARON Y
STREET ADDRESS 5400 NW 22ND AVENUE, SUITE 701
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Chairman - C. Sullivan
1.2 NAME
1.3 STREET ADDRESS 4513 NW 33 AVE.
1.4 CITY-ST-ZIP Miami, FL 33142

2.1 TITLE VD Robert C. Gabriel, Treasurer
2.2 NAME
2.3 STREET ADDRESS 1732 NW 59 ST.
2.4 CITY-ST-ZIP Miami, FL 33147

3.1 TITLE Michael A. Stacks
3.2 NAME Vice Chairman
3.3 STREET ADDRESS 1743 SW 77 Ct.
3.4 CITY-ST-ZIP Miami, FL 33137

4.1 TITLE President
4.2 NAME Sharon Y. Williams
4.3 STREET ADDRESS 5400 NW 22 AVE # 702
4.4 CITY-ST-ZIP Miami FL 33142

5.1 TITLE Terry V. Percy, Secretary
5.2 NAME
5.3 STREET ADDRESS 6001 NW 7 Ave # 100
5.4 CITY-ST-ZIP Miami, FL 33150

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)