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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 856211

(8)

ALTMAN DEVELOPMENT CORPORATION

FILED May 20 1997 8:00am Secretary of State

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Principal Place	rincipal Place of Business Mailing Address						(10 \$ (\$1 10 10 1 \$ 111 0 111 0 111 0 1 110 1 110 1		### ### ####	#	•
2201 CORP BLVD NW			2201 CORP BLVD NW								
SUITE 200			ITE 200								
BOCA RATON I	FL 33431	ns ns	CA RATON FL 33431-	8543			3. Date Incorporated or Qualified	20 Dal	م دا له ه	et Roport	—
US		US	08			04/22/1983	od 3a. Date of Last Report 05/01/1996				
A Dendard Di	as of Business		Mailing Address				4. FEI Number	1 00/0	ון וסו		
2. Principal Pla	ace of Business	<u> </u>	Mailing Address				I **		-	Applied Fo	
21			26				38-2036283		S8.75 Addition		
Sulte, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 N			00 May Be	,
23			28				Trust Fund Contribution Added to Fees				
Zip	Country		Zip	Col	intry		8. This corporation has liability for in	ntangible 1	ax und	er s. 199.03	32,
24	26	29		30			Florida Statutes Yes No			.	
	9. Name and Address of Curre	nt Regist	ered Agent		Ī		10. Name and Address of New Reg	Istered A	gent		
AI TA	MAN, JOEL L.				81	Name		·			
	CORP BLVD., N.W. SUITE 20	M				Cr t Add	(D.O. Doy N. John v in Not Apporton				
	A RATON FL 33431				82	Street Addi	ress (P.O. Box Number is Not Acceptab	e)			
800	A PATOR I E 00401				83						
					84	City		FL	65	Zip Code	
44 Purcuent t	o the provisions of Sections 607 N	n2 and 60	7 1508 Florida Statu	tos the a	LLI	named corr	poration submits this statement for the p		changi	na its regist	ered
office or re	egistered agent, or both, in the Sta	to of Florid	la. Such change was	authorize	d by	the corporal	tion's board of directors. I hereby accep	t the appo	intmen	it as registe	red
agent. I ar	n familiar with, and accept the obli	gations of,	, Section 607.0505, F	iorida Sta	lutes	S .					1
SIGNATURE _			21-14	36 6 3 3 3				DATE			
	Signature, typed or printed name of registered a OFFICERS A			13.	iu Aga	ni signatore regor	irod when reinstating) ADDITIONS/CHANGES TO OFFIC		DIREC	TORS IN 12	, a
12.	PVD	NO DILICO	DELETE	1.1 7	IILE		ADDITIONO/OFFININGES TO OFFICE	-1107110	Cha		
NAME	ALTMAN, JOEL L.				AME				-	• –	
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CITY-ST-ZIP	and that the information com-	and with the	io filina done not que		CITY-S		ed in Section 119 07/3)(i) Florida Statute	e I further	cortify	that the	{

I do hereby certify that the information supplied with this filing does not quality 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 arif accurate and that my signature shall have the same legal effect as if made under eath; 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 flock 13 if changed, or on an attachment with an address.