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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F07529

(3)

FILED

Jan 16 1997 8:00am Secretary of State

DEVELOPMENT PLANNING ASSOCIATES, INC. Principal Place of Business Mailing Address 2180 PARK AVE. NO SUITE 220 WINTER PARK FL 32789 2180 PARK FL 32789 WINTER PARK FL 32789-2358									
						3. Date Incorporated or Qualified 12/02/1980		9/1996	eport
2. Principal F	Place of Business	2a. Mailing Address	······			4. FEI Number	<u> </u>		plied For
21		26				59-2745838			t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.]	\$8.75	Additional
22		27						Fee Re	quired
City & Sta	ite	City & State				Election Campaign Financing	_	\$5.00	
23		28						Added t	
Zip	Gouritry	Zp	-	untry		8. This corporation has liability for inte	ingible ta res 🔲		. 199.032,
24	25 9. Name and Address of Curre	nt Registered Agent	30	Τ		Florida Statutes 10. Name and Address of New Regis			
T.1		in hegistered Agent		81	Name	10. Hante and Address of New Plegis	toles H	, o	
	RBY, PETER E								
2180 PARK AVE NO. SUITE 220				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	NTER PARK FL 32789			83					
177	NIEN FANK FL 32/08								
				84	City		FL	85 Zip (Code
SIGNATURE	Signatur hypedicip and rank of nystered ag	yest and title Lappicable (NC	TF: Register	ed Age		3.	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		Change	S IN 12
THLE	PST TARRY TV	[_] טנגנונ		TITLE	1		L	_ Change	L.J Augilion
NAME STREET ADDRESS	TARBY, TY 2180 PARK AVE N. #220			NAME	ADDOCCC				
CITY - ST - ZIP	WINTER PARK FL				ADDRESS				
TITLE	V	DELETE	2.11	CHY-SI	-202		—Т	Change	Addition
NAME	TARBY, PETER E.			NAME			_		
STREET ADDRESS	1		8		ADDRESS				
CITY - ST - ZIP	WINTER PARK FL			CITY-S	1				
TITLE		DELETE	311				Ĺ	Change	Addition
NAME			3.21	NAME					
STREET ACCURESS			3.3 \$	STREET	ADDRESS				
CITY-ST-ZiP			34.	CITY-S	T - ZiP				
TITLE		DELETE	4.1	TITLE			T	Change	Addition
NAME			4. 2	NAME					
STREET ADDRESS			4.33	STREET	ADDRESS				
CITY - ST - ZIP			440	CITY - S	r-ZIP				
TITLE		DELETE		TITLE			L	Change	Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-SI-7IP		DELETE		CITY - S	I - ZIP			Change	Addition
TITLE		L'1 britig	1	TITLE			L	_ Change	LJ AUGINON
NAME exocet anonece				NAME CLOCKT	ALIDDEGG				
STREET ADORESS					ADDRESS				
CITY-ST-ZIP	eby certify that the information supplie	ad with this filing does not our		CITY-S		ed in Section 119 07/3Vi). Florida Statutes	further o	ertify that	the

I do hereby certify that the information supplied with this firing 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 more proporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Blook 13 if glyanged, or organ attachment with an address.

SIGNATURE:

y 9

7 407-629-4040 Payting Phone #