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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F07529

DEVELOPMENT PLANNING ASSOCIATES, INC.

FILED Jan 22, 1999 8:00am **Secretary of State** 01-22-1999 90048 037 ***150.00



(C)				
Principal Place of Business				•
2180 PARK AVE. NO SUITE 220 WINTER PARK FL 32789 2180 PARK AVE. NO SUITE 220 WINTER PARK FL 32789		DO NOT WRITE IN THIS SPACE		
p **			3. Date Incorporated or Qualifed	
			12/02/1980	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	<u> </u>		_59-2745838	
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		_3972143030===	Not Applicable
22	27	,,	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23			Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	
24 25	29 3	0	Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent
TARRY DETER 5		81 Name		
TARBY, PETER E	Maria dia	82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
2180 PARK AVE NO	1.46.2007	Subst Addi	(1.0. DOX (10/100) IS (10/1000e)(abits)	
SUITE 220	•	83		
WINTER PARK FL 32789			<u> </u>	
		84 City	F	85 Zip Code
SIGNATURE		egistered Agent signature required	d when reinstating) . DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TILE PST	□ DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME: TARBY, TY		1.2 NAME	, 5,	
STREET ADDRESS 2180 PARK AVE N. #220				
MINITED BACK CO		1.3 STREET ADDRESS		
CITY-ST-ZIP WINTER PARK FL		1.4 CITY-ST-ZIP		
TILE V	☐ DELETE	2.1 TITLE		☐ Change ☐ Additio
NAME TARBY, PETER E.		2.2 NAME		
STREET ADDRESS 2180 PARK AVE: #220	~ 	2.3 STREET ADDRESS		
CITY-ST-ZIP WINTER PARK FL TO STATE OF THE S		2.4 CITY-ST-ZIP	<u></u>	
TITLE TAR OF STATE OF	☐ DELETÉ	3.1 TITLE		☐ Change ☐ Additio
NAME - 122 TAZDE SAN		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		*
CITY-ST-ZIP		3.4. CITY-ST-ZIP	, the state of the	
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME And Andreas	,	4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	,	4.4 CITY-ST-ZIP	•	
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME	•	
•	•	5.3 STREET ADDRESS		
STREET ADDRESS		5.4 CiTy-ST-ZIP	40	
CITY-ST-ZIP	☐ DELETE	6.1 TITLE		Change C Addition
Budga Charle of the season	· MPTFIF			☐ Change ☐ Addition
Mary CO Hotels		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 changed or pnyan attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #

CR2E034 (11/98)