PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # F13111 (2)					
<ol> <li>Cornoration N</li> </ol>	ame VELOPMENT CORPORATI	∩N		ALE	ni acasi didir didir didir didir didil 1884
CMC DE	AEFOLMENT COM OUVE	ON .			
D: : :   Di of	Purious	Mailing Address		T	
Principal Place of Business 3003 NORTH TAMIAMI TRAIL 3003 NORTH TAMIAMI TRAIL			IL		
NAPLES FL 33940		NAPLES FL 33940		3. Date incorporated or Qualified 3a. Date of Last Report 04/24/1995	
				- FC) Number	Applied For
2. Principal Plac	e of Business	2a. Mailing Address		59-2056200	Not Applicable
Suite, Apt #.	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	28 Zip	Country	8. This corporation has liability for u	ntangible tax under s. 199.032,
Zip 24	25		<u>ol</u>	10. Name and Address of New R	egistered Agent
	9. Name and Address of Curre	nt Registered Agent	81 Name		
NAPLES	viami trail n. Fl 33940		83 84 City		FL 85 Zip Code
or registere familiar wit	o the provisions of Sections 607,050 ad agent, or both, in the State of Floring and accept the obligations of, Section 5,000 and the specific	ction 607.0505, Florida Statutes	the above-named corporation's booking the corporation's bookings and April 5 (1980) makes	oration submits this statement for the puard of directors. I hereby accopt the app	DATE
12.	Signature: typed or professional of registerion agr.  OF FICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12  Change
TITLE	COLLIER, MILES C	☐ DECEIE	1.2 NAME	Charles H. Mason	
NAME	3003 N TAMIAMI TRAIL		: 3 STHEET ADDRESS	3003 Tamiami Trail N	orth
STREET ADDRESS CHTY-ST-ZIP	NAPLES, FL 00000			Naples, FL 33940	Change Addition
TITLE	VD FLOOD, THOMAS J	☐ DELETE	2 1 TITLE 22 NAME		
NAME	3003 N TAMIAMI TRAIL		2.3 STREET ADDRESS		
STREET ADDRESS	NAPLES, FL 00000		2.4 C(TY - ST - Z(P		Change Addit or
CITY - ST - ZIP TITLE	D	☐ DELETE	3 1 TiTUE	D	
NAME	COLLIER, BARRON G. 1		3.2 NAME 3.3 STREET ADDRESS	Barron G. Collier II	(name correction)
STREET ADDRESS	3003 N TAMIAMI TRAIL NAPLES, FL 00000		3.4 City-S1-7IF	3003 Tamiami 3Trail N Naples, FI 33940	OI LII
CITY-ST ZIP	V	DELFIE	4 1 TITLE	V	K) Change LI Additio
TITLE NAME	BIRR, CLIFFORD B	-	4.2 NAME	Jeffrey M. Birr (nam	e correction)
STREET ACCURESS	3003 N TAMIAMI TRAIL		4.3 STREET ADDRESS	3003 Tamiami Trail N	OLLI
CITY ST-ZIF	NAPLES, FL 00000		4.4 CHY - ST - ZIP 5.1 THE	Naples, FL 33940	Change Addition
TITLE	V\$ FLORA, TERRY	☐ DECE IT	5.2 NAME		
NAME	3003 TAMIAMI TRAIL N.		5.3 STREET ADDRESS		
STREET ADDRESS	NAPLES FL		5.4 CITY - S1 - ZiP		Change Addition
CITY - ST - ZIP		X DELETE	6 1 TIFLE		
	FAIRBANKS, KATHY S		6.2 NAME		
NAME	3003 TAMIAMI TRAIL N.		6.3 STREET ADDRESS		

NAPLES FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h). Florida Statutes, I further certify that the information indicated on it is annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 0335770 CP

CR2E034 (12/95)