FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F22295** **(2)**

1. Corporation Name

ANDREA DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
1270 N. EGLIN PARKWAY. SUITE D POST OFFICE BOX 857 SHALIMAR FL 32579 US	POST OFFICE BOX 857 P.O. BOX 976 SHALIMAR FL 32579 US

3. Date Incorporated or Qualified: **03/06/1981**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip / Country
24: / 25:

2a. Mailing Address
26: Post Office Box 857
Suite, Apt. #, etc.
27:
City & State
28: Shalimar FL
Zip / Country
29: 32579 / 30:

4. FEI Number: **59-2203844** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

ANCHORS, C. LEDON
909 MAR WALT PROFESSIONAL CNTR
STE 1014
FT WALTON BCH FL 32548

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or print name of Registered Agent, and if applicable the Officer/Director of the Registered Agent signing on behalf of the Registered Agent

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TESSIER, PAUL R.		1.2 NAME		
STREET ADDRESS	556 CORAL COURT #12		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BEUKENKAMP, FELIX A.		2.2 NAME		
STREET ADDRESS	101 BAYWIND DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STONE, WILLIAM F.		3.2 NAME		
STREET ADDRESS	204 NE BUCK DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BCH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CASSADY, PAUL		4.2 NAME	300001828423 -05/20/96--01026--009 ***200.00	
STREET ADDRESS	1041 JOHN SIMS PARKWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	CARUCCI, MICHAEL		5.2 NAME		
STREET ADDRESS	1270 N. EGLIN PARWAY		5.3 STREET ADDRESS	348 SW Miracle Strip PKY, Ste. 39	
CITY-ST-ZIP	SHALIMAR FL		5.4 CITY-ST-ZIP	Ft Walton Beach, FL 32548	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		JV 5.1
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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)(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 added on an attachment with an address.

SIGNATURE: _____ 4/19/96 904-651-8673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FELIX A. BEUKENKAMP, PRESIDENT

CR2E034 (12/95)