FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUAL	L REPORT	Sandra B M Secretary of DIVISION OF COR	State		
DOCUM					
1. Corporation Na	DEVELOPMENT CORP.	•			
Maui	DEVELOPMENT CONF.				
		Mailing Address		- I MANAGE AND	O MINI BINNI BIRNI DIRNI DIRNI DIRNI DIRNI IRDA
Principal Place of	Business				
4100 N. HILLS HOLLYWOOD		4100 N. HILLS DR. HOLLYWOOD FL 33021			
INCELLIOOD				3. Date Incorporated or Qualified	3a. Date of Last Report
				02/23/1981	05/01/1995 Applied For
2. Principal Place of Business		2a. Mailing Address		4, FEI Number 59-2072062	Not Applicable
41		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #, (etc.	27			- res negules
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23		28	Country	This corporation has liability for it.	
Zip	Country 25	Zip 30		Florida Statutes	□ No
24	g. Name and Address of Curre	1=-1		10. Name and Address of New R	egistered Agent
			81 Name		
FEINRE	RG, MICHAEL		82 Street Addr	ress (P.O. Box Number is Not Acceptat	le)
	HILLS DR.		83		
HOLLYWOOD FL 33021					7-0-40
84 City					FL 85 Zip Code
CICNATURE	d agent, or both, in the State of Flo- i, and accept the obligations of, Sec updates typed or partial hand of registered agen		By the corporation's coa	ration submits this statement for the pure of directors. I hereby accept the app	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	Change Addition
TITLE	P	☐ DELE1E	1. 1 THELE		icers and directors in 12 Change Addition
NAME	FEINBERG, MICHAEL		1.2 NAME 1.3 STREET ADDRESS		li
STREET ADDRESS	4100 N. HILLS DR.		1.4 CHTY - ST-ZIP		
CITY - ST - ZIP	HOLLYWOOD, FL 00000	DELETE	2 1 TILLÉ		Change Addition
T.TLE NAME	s Masiello, robin	F	2.2 NAME		
STREET ADDRESS	4100 N. HILLS DR.		2.3 STREET ADDRESS		
CITY - ST - ZIF	HOLLYWOOD, FL 00000		2.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	3 1 11/15		D outside D vectory
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIF		DELETE	4 1 TITLE		☐ Change ☐ Addition
TITLE			4 2 NAME		
NAME STREET ADDRESS			4.3 STREET ADDRESS		
City+S1-ZiP			4.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	5 1 THEF		□ cualige □ rad tou
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - S1 - ZIP		[7] DELETE	5 4 CITY - ST - ZIF 6 1 TITLE		Change Addition
TITLE			62 NAME		
NAME e rocet andress			63 STREET ADORESS		
STREET ADDRESS			64CITY-ST-ZIP		O OTION) Florida Chat too I further

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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)(k). 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 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 13 if changed, or on an attachment with an address