SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO, REINSTATE: \$375.) ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # F69469 BEYERLE DEVELOPMENT CORPORATION Principal Place of Business Mailing Address **SERNST BEYERLE** 1000 S. OCEAN BLVD. 15200 CARTER RD PH-D DELRAY BEACH FL POMPANO BEACH FL 33062-6624 3a. Date of Last Report 3. Date Incorporated or Qualified 03/03/1982 06/19/1995 Applied For 4. FEt Number Mailing Address 2. Principal Place of Business 59-2181809 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country This corporation has liability for intangible tax under s. 199 032 ZiD Country Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent STEWART, DENNIS Street Address (P.O. Box Number is Not Acceptable) 800 N.E. 62ND STREET SUITE 400 83 FORT LAUDERDALE FL 33334 Zip Code 85 **B4** City 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 name of prostered and Signature typed or pricte. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12. DELETE 11 TITLE TITLE PD CR2E034 1.2 NAME NAME BEYERLE, ERNST 1000 S. OCEAN BLVD., PH-D 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 14 CHY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 21 TITLE TITLE 2 2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CHY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 31 TITLE TITLE NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 41 TH, E TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Add tion DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP 000001886720 Addition -07/08/96--01081--015 DELETE 61 HILE , TITLE 62 NAME 1 NAME 63 STREET ADDRESS STREET ADDRESS ***225.00 64 CITY - ST - ZIP 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)(k), Fiorida Statutes 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 efformade 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 617, Florida Statute that my name appears in Block 12 or Block 13 if tryanged, or on an attachment with an address

SIGNATURE:

SIGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jame 26. 1996-407-496-315