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Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT[illegible] STATE
Sandra B. Mor[illegible]m
Secretary of St[illegible]
DIVISION OF CORPO[illegible]TIONS

DOCUMENT # **F93000005066 (6)**

1. Corporation Name
DEVELOPMENT SPECIALISTS, INC.

Principal Place of Business	Mailing Address
200 SOUTH BISCAYNE BLVD.. [illegible] 900 MIAMI FL 33131-2321 US	200 SOUTH BISCAYNE BLVD.. [illegible] 900 MIAMI FL 33131-2310 US

3. Date Incorporated or Qualified: 11/09/1993	3a. Date of Last Report: 02/20/1996
4. FEI Number: 36-2967476	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22 SUITE 900	Suite, Apt. #, etc.: 27 SUITE 900
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

BRANDT, WILLIAM A JR.
200 SOUTH BISCAYNE BLVD.,[illegible]
900
MIAMI FL 33131-2321

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 900
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 the name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRANDT, WILLIAM A JR.	1.2 NAME	
STREET ADDRESS	1000 VENETIAN WAY, UNIT 702	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	~~AV~~ ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CARUSO, FRED C	2.2 NAME	
STREET ADDRESS	1285 ASBURY AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINNETKA IL	2.4 CITY-ST-ZIP	
TITLE	~~AS~~ ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DEPAUL, CHRISTINE C	3.2 NAME	
STREET ADDRESS	3608 CHURCH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSTON IL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		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	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 on an attachment with an address.

SIGNATURE: William A Brandt II 2/20/97 305/374-2717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #