FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

F9300005066 (6) DOCUMENT #

DEVELOPMENT SPECIALISTS, INC.

FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							Alian Abira Dii	FRE BUIL FRE
200 SOUTH BISCAYNE BLVD STE 200 STE 900 MIAMI FL 33131-2321		200 SOUTH BISCAYNE BLVD. ************************************		DO NOT WRITE	IN THIS S	PACE		
US US					3. Date Incorporated or Qualified 11/09/1993			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		A	pplied For
21 26					36-2967476			ot Applicable
			ite.	900	5. Certificate of Status Desired			Additional equired
City & State City & State					6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
! Zip	Country Zip Co			y	8. This corporation owes or has pair	d the curr		
24	25 29 30				Personal Property Tax due June			No
	9. Name and Address of Current	Registered Agent	1	10. Name and Address of New Registered Agent				
BR/	ANDT, WILLIAM A JR.	۸۸.	81	81 Name				
200 SOUTH BISCAYNE BLVD., €VB/2/30 900				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33131-2321			63					
	, 2 00 00 000		84	City			85 Zip	Code
			04	City		FL	05 Zip	0000
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.	en agnature requ	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12
TITLE	CP	DELETE	1.1 TITLE				Change	Addition
NAME			1.2 NAME					
STREET ADDRESS	1000 VENETIAN WAY, UNIT 702		1.3 STREE	T ADDRESS .				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP					Į,
TITLE	V	DELETE	21 TITLE				Change	Addition
NAME	CARUSO, FRED C		22 NAME		÷.	٠.		į
STREET ADDRESS			23 STREET	I ADDRESS		•		-
CITY-ST-ZIP	WINNETKA IL 2.4		2 4 CITY-	SŦ-ZIP				
TITLE	S DELETE 3.11		3.1 1)TLE				Change	Addition
NAME	DE PAUL, CHRISTINE C		32 NAME					
STREET ADDRESS	3608 CHURCH ST		3 3 STREET	r address				j
CITY-ST-ZIP	EVANSTON IL		3 4. CITY-	ST-ZIP				
TITLE	-	☐ DELETE	4.1 TITLE			l	Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	T ADDRESS				i
CITY-ST-ZIP			4.4 CITY - 9	ST-ZIP				
TITLE		DELETE	5.1 TITLE			ļ	Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	T ADDRESS				
CITY-ST-ZIP		······································	5.4 CITY-5	ST - ZIP			<u> </u>	
TITLE		☐ DELETE	6.1 TITLE			1	Change	Addition
NAME		· ·	6.2 NAME					
STREET ADDRESS		İ	6.3 STREET	I ADDRESS				
CITY-ST-ZIP			6.4 CITY - S	ST-ZIP				

14. I 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 accurage 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 at 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.