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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000004774 (5)

THE DEVELOPMENT ASSOCIATION, INC.

| Principal Place | e of Business | Mailing Address | | | | | 81100 1179 38111 01011 6011 0011 10 111 | | | |
|--|--|--|--|-----------------------|--------------------|-----------------------------|--|--------------------------|---------------------------|-----------------------------|
| P.O. BOX 1869 FT. WORTH TX | | P.O. BOX 1869 FT. WORTH TX 76101-186 | 9 | | | | • | | | |
| | | | | | | | e Incorporated or Qualified | | te of Last F | Seport |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | | Number | | | oplied For |
| 21 | - No. 100 State and 100 Province and the resident and accompanies and the second | 26 | | | | | 75-1742847 | | | ot Applicable |
| Suile, Apt. #, etc. 22 2 | | Suite, Apt. #, etc. | | | | 5 . Cer | tificate of Status Desired | | | Additional equired |
| City & State | 0 | City & State | | | | | ction Campaign Financing st Fund Contribution | | | May Be to Fees |
| Zip 24 | Country 25 | Zıp | 30 Cou | intry | | | s corporation has liability for | intangible | | . 199.032, |
| | 9. Name and Address of Curren | | 1001 | I | | | me and Address of New Re | | | |
| 1201 SUIT | Prentice-Hall Corporation I Hayes St. Te 105 Ahassee Fl 32301 | n system, Inc. | | 81 82 83 | Name Street Add | iress (P.O. I | Box Number is Not Acceptat | ole) | | |
| | | | | 84 | City | | | FL | 85 Zip | Code |
| 11. Pursuant to office or reagent. Lar | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligi | 2 and 607.1508, Florida Statul of Florida. Such change was ations of, Section 607.0505, Fl | tes, the al authorize orida Stat | bove d by lutes | -named corpora | poration su tion's board | bmits this statement for the p d of directors. I hereby accep | ourpose of pt the app | changing i ointment as | ts registered registered |
| SIGNATURE | Signature, type of or pointed name of registered age | on and title II applicable. (NOT | TE Registere | d Ager | nt signature requi | ired when reins | taling) | DATE | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | | ADD | ITIONS/CHANGES TO OFFIC | | | RS IN 12 |
| TITLE | PD | D ELETE | 1.1 10 | TLE | T | وساو | R. Rodney J. | | Change | Addition |
| NAME | LINNELL, JAMES A | | 1.2 N/ | AME | () | Resu | a Rodney J. | CTOR | | |
| STREET ADDRESS | 1400 EVERMAN PKY. | | 1.3 \$1 | TREET | address 🚺 | 400 E | WERMAN PKI | 34 | | |
| Crty-St-ZiP | FT. WORTH TX 76140 | | | ITY-51 | | | WORTH, TY | 7614 | Time was and | |
| TITLE | V | DELETE | 2.1 10 | TLE | V | · P. | · | | Change | Addition |
| NAME | Browning, Thomas R | | 2.2 N/ | AME | Pi | edere | on, Jeffery | K. | | |
| STREET ADDRESS | 1400 EVERMAN PKY. | | 2.3 S1 | TAEET . | | | VERMAN PHI | | | |
| CITY - ST - ZIP | FT. WORTH TX 76140 | | 2.40 | ITY-S | | | WORTH, TY 7 | 6140 | | |
| TITLE | SD | DELETE | 3.1 TI | TLE | 5 | sece. | eTary | | Change | Addition |
| NAME | WALSH, MICHAEL J | | 3.2 N/ | AME | | spine | Luceman PK | | | |
| STREET ACCRESS | 1400 EVERMAN PKY. | | 3.3 \$1 | TREET | 1 | _ | | | t _ | |
| CITY-S1-ZIP | FT. WORTH TX 76140 | | | ITY-S | T-ZIP | TSO | | 7614 | | |
| TITLE | | DELETE | 4.1 TI | | 1_1 | ت ره حا | LIBE | | LI Change | Addition |
| NAME | | | 4.2 N | | 2 | owez | D. ALLEN DK | W | | |
| STREET ACORESS | | | 1 | | ADDRESS 1 | 400 6 | JERMAN PK | | _ | |
| CITY-ST-ZIP | | FT occurs | | ITY-\$1 | r-ZIP | LT.ga | WORTH, TK | 1614 | | Addition |
| TITLE | | DELETE | 5.1 TI | | | | | | Change | L Addition |
| NAME. | | | 5.2 N | | | | | | , | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| C(1) - S1-21F | | T ACIETE | | ITY-SI | T-ZIP | | | | T Change | Addition |
| TOTAL | | ☐ DELETE | 6.1 TI | | | | | | ■ Change | I' ∀oalioù |
| NAME. | | | 6.2 N | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| City-St-ZiF | by certify that the information supplie | d with this filing does not week | | ITY-\$1 | | d in Contin | o 110 07(9)(i). Etarida Cratida | n I hedba | portify that | the |
| informatio Lam an o | by certify that the information supplied on indicated on this annual report or a flicer or director of the corporation or in Block 12 or Block 13 if changed, o | supplemental annual report is the receiver or trustee empor | true and a wered to e | accu | rate and tha | it my signal | ture shall have the same lega | al effect as | if made ur | ider oath; that |

SIGNATURE:

Daylime Phone #

FILED

Apr 22 1997 8:00am

Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

| GRAEF | MENT # PO8036 on Name , ANHALT, SCHLOEMER & A | ASSOCIATES, INC. | | | |
|---|---|---|--|--|--|
| Principal Place of Business 345 N. 95TH ST. MILWAUKEE WI 53226 | | 345 N. 95TH ST. MILWAUKEE WI 53228-44 | 41 | | |
| | | | | Date Incorporated or Qualified 11/07/1985 | 3a. Date of Last Report 05/01/1996 |
| · · | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 Suite, Apt | t #, etc | Suite, Apt. #, etc. | | 39-1083592 | Not Applicable \$8.75 Additional |
| 22 | 77 A - Maria Al A | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & Sta | ite | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 23] Zip | Country | Zip | Country | This corporation has liability for | |
| 24 | 25 | 29 | 30 | Florida Statutes | Yes 🔀 No |
| | 9. Name and Address of Curren | nt Registered Agent | 81 Name | 10. Name and Address of New R | legistered Agent |
| | CORPORATION SYSTEM 30 S. PINE ISLAND ROAD | | | dress (P.O. Box Number is Not Accepta | abla) |
| | ANTATION FL 33324 | | | areas (r.o. box radillos is not Accepte | aulo) |
| | | | 83 | | |
| | | | 84 City | | FL 85 Zip Code |
| | t to the provisions of Sections 607.050 | 2 and 607.1508, Florida State | utes, the above-named cor | poration submits this statement for the | purpose of changing its registered |
| 11. Pursuan | | | | | |
| 11. Pursuan office or agent 1 | registered agent, or both, in the State am familiar with, and accept the oblig- | of Florida. Such change was ations of, Section 607.0505, F | authorized by the corpora Florida Statutes | ation's board of directors. I hereby acce | ept the appointment as registered |
| 11. Pursuan office or agent I SIGNATURE | registered agent, or both, in the State am familiar with, and accept the obliga | | | ation's board of directors. I hereby acce | |
| office or agent 1 | registered agent, or both, in the State arm farmhar with, and accept the obligation Stignature, typed or printed name of registered age | | s authorized by the corpora Florida Statutes. DIE: Registered Apent signature requi | ation's board of directors. I hereby acce | DATE |
| office or agent 1 SIGNATURE | registered agent, or both, in the State arm farm har with, and accept the oblig: Signature, typed or printed name of registered age OFFICERS AN | ont and title if applicable (NC | DTE: Registered Agent signature requi | ation's board of directors. I hereby acce ired when reinstating) ADDITIONS/CHANGES TO OFF | DATE |
| office or agent 1 SIGNATURE 12. TITLE | registered agent, or both, in the State arm farm har with, and accept the oblig: Signature, speed or printed name of registered age OFFICERS AN S KOPPLIN, CHARLES | ont and life if applicable (NC | DTE: Flogistered Agent signature required 13. 1.1 TiTLE 1.2 NAME | ation's board of directors. I hereby account in the state of directors and the state of the stat | DATE ICERS AND DIRECTORS IN 12 |
| office or agent 1 SIGNATURE 12. TITLE NAME STREEL ADDRESS | registered agent, or both, in the State am farmhar with, and accept the oblig: Signature, speed or printed name of registered age OFFICERS AN S KOPPLIN, CHARLES 11830 W. TESCH | ont and life if applicable (NC | TIE: Rogistered Agent signature required. 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS | ation's board of directors. I hereby acce ired when reinstating) ADDITIONS/CHANGES TO OFF | DATE ICERS AND DIRECTORS IN 12 |
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