SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.
AMOUNT DUE ON OR BEFORE 11/8/95: $225 (IF PAID VIA FED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:16

DOCUMENT # **F94968** **(7)**

1. Corporation Name
NORTHCLIFFE DEVELOPMENT CORPORATION

Principal Place of Business
1516 LAKEVIEW DRIVE
KISSIMMEE FL 34744
US

Mailing Address
1516 LAKEVIEW DRIVE
KISSIMMEE FL 34744
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/30/1982**
3a. Date of Last Report: **08/15/1994**

2. Principal Place of Business
21 112 Harcia Drive
Suite, Apt. #, etc. 22
City & State 23 Altamonte Springs, FL
Zip 24 32714 Country 25

2a. Mailing Address
26 112 Harcia Drive
Suite, Apt. #, etc. 27
City & State 28 Altamonte Springs, FL
Zip 29 32714 Country 30

4. FEI Number: **59-3201558** 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

9. Name and Address of Current Registered Agent
SCHROEDER, JAMES J
1516 LAKEVIEW DRIVE
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent
81 Name: Antonio Lemus, CPA
82 Street Address (P.O. Box Number is Not Acceptable): 112 Harcia Drive
83
84 City: Altamonte Springs, FL 85 Zip Code: 32714

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] (Signature of New or Former Registered Agent and Title, if applicable) (NOTE: Registered Agent signature required when resigning) DATE: 6-21-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DELETE ☒ Change ☐ Addition
NAME	SCHROEDER, JAMES J	1.2 NAME	
STREET ADDRESS	1516 LAKEVIEW DRIVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	KISSIMMEE FL	1.4 CITY, ST, ZIP	
TITLE	VD	2.1 TITLE	President ☒ Change ☐ Addition
NAME	SCHROEDER, MICHAEL E	2.2 NAME	
STREET ADDRESS	2303 ARTHUR ST	2.3 STREET ADDRESS	1448 Yosemite Drive
CITY, ST, ZIP	LOS ANGELES CA	2.4 CITY, ST, ZIP	Los Angeles, CA 90041
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

CR2E034 (3/95)

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)(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: Michael E. Schroeder MICHAEL E. SCHROEDER 6/24/95 213-239-5824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0110192 CP