## 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

DOCUMENT # F95000003299 (3)

FLORIDA DEVELOPMENT FUND (1995), INC.

Principal Place of Business	Mailing Address
2729 SOUTH U.S. HIGHWAY ONE. SUITE 10	2729 SOUTH U.S. HIGHWAY ONE. SUITE 10
FORT PIERCE FL 34982	FORT PIERCE FL 34982

## **FILED** Apr 29 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/07/1995 Applied For Principal Place of Business 2a. Mailing Address 4. FEI Number NOT APPLICABLE 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žιρ Country Zip 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 24 26 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name COBURN, TERRY 2729 SOUTH U.S. HIGHWAY ONE, SUITE 10 Street Address (P.O. Box Number is Not Acceptable) FORT PIERCE FL 34982 85 Zip Code City 11. Pursuant to the provisions of Soctions 607.05.02 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, Soction 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and lifte if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. CEOC DELETE 1.1 TITLE CEOD Change : Addition SHIROYAN, THOMAS H SHIROYAN, THOMAS H. NAME 1.2 NAME 2729 SOUTH U.S. HIGHWAY ONE, SUITE 10 2729 SOUTH U.S.HIGHWAY ONE, SUITE10 STREET ADDRESS 1.3 STREET ADDRESS FORT PIERCE FL 34982 FORT PIERCE FL 34982 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE COBURN, TERRY NAME 2.2 NAME COBURN, TERRY 2729 SOUTH U.S. HIGHWAY ONE, SUITE 10 STREET ADDRESS 2.3 STREET ADDRESS 2729 SOUTH U.S.HIGHWAY ONE, SUITE 10 FORT PIERCE FL 34982 FORT PIERCE FL 34982 CITY-ST-ZIP 2.4 CITY-ST-ZIP K Change DELETE TITLE 3.1 TITLE METT R MICHAEL METT R MICHAEL NAME 3.2 NAME 2729 S US HWY ONE STE 10 2729 S US HWY ONE STE 10 STREET ADDRESS 3.3 STREET ADDRESS FT PIERCE FL FT PIERCE FL 34. CITY-ST-ZIP CITY-ST-Z#P DELETE 4.1 TITLE Change Addition LEMIRE, CLAUDE NAME 4. 2 NAME 2729 S US HWY ONE STE 10 STREET ADDRESS 4.3 STREET ADDRESS FT PIERCE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

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 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 trustice 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP