

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000004143 (0)**

1. Corporation Name

SD DADELAND DEVELOPERS, INC.



Principal Place of Business 115 W. WASHINGTON ST., STE 15E INDIANAPOLIS IN 46204	Mailing Address 115 W. WASHINGTON ST., STE 15E INDIANAPOLIS IN 46204
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1997	
21		26		4. FEI Number 35-2073688 APPLIED FOR	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOKOLOV, RICHARD S			1.2 NAME			
STREET ADDRESS	115 W WASHINGTON ST STE 15E			1.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOXWORTHY, RANDOLPH L			2.2 NAME			
STREET ADDRESS	115 W WASHINGTON ST STE 15E			2.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARKLEY, JAMES M			3.2 NAME			
STREET ADDRESS	115 W WASHINGTON ST STE 15E			3.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN			3.4 CITY-ST-ZIP			
TITLE	CO	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMON, MELVIN			4.2 NAME			
STREET ADDRESS	115 W WASHINGTON ST STE 15E			4.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN			4.4 CITY-ST-ZIP			
TITLE	VO	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMON, HERBERT			5.2 NAME			
STREET ADDRESS	115 W WASHINGTON ST STE 15E			5.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STERRETT, STEPHEN E			6.2 NAME			
STREET ADDRESS	115 W WASHINGTON ST STE 15E			6.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN			6.4 CITY-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 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 _____

CR2E034 (10/97)