SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000006416 (8)

HANLEY DEVELOPMENT, INC.

Principal Place of Business Mailing Address 2808 TARFLOWER WAY 2808 TARFLOWER WAY NAPLES FL 33942 NAPLES FL 33942 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/05/1997 2. Principal Place of Business Applied For Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. 8.75 Additional Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees ZipCountry 8. This corporation owes or has paid the current year latengible 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 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) CR2E034 (5/98) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PCT 1.1 TITLE DELETE Change [] Addition NAME HANLEY, DANIEL 1.2 NAME STREET ADDRESS 11206 MIDVALE ROAD 1.3 STREET ADDRESS KENSINGTON MD 20845 CITY-ST-ZIF 1.4 C/TY-ST-Z/P TITLE DELETE Change Addition HANLEY, ROBERT 2.2 NAME STREET ADDRESS 2808 TARFLOWER WAY 2.3 STREET ADDRESS CITY-ST-ZIP NAPLES FL 33942 2.4 CITY-ST-7IP THLE DELETE 3 1 1 ITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIF 3.4 CITY-S1-ZIF DELFTE TITLE 4 1 7171.6 Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZiP TITLE

DELETE

DELETE

5.1 TITLE

5.2 NAME

6 1 TITLE

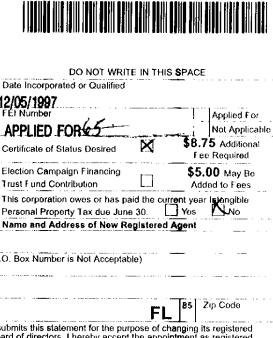
6.2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

Sep 21 1998 8:00am Secretary of State



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 our an attachment with an address.

-09/23/98--01015--0**3**3

***558.75

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

C/TY-ST-ZIP