

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

FILED
Apr 30 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 # **G03935** (5)
1. Corporation Name
FLORIDA DEVELOPMENT FUND, INC.



Principal Place of Business 2729 S US HWY 1 SUITE 10 FT PIERCE FL 34982	Mailing Address 2729 S US HWY 1 SUITE 10 FT PIERCE FL 34982
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1982	
21		26		4. FEI Number 59-2223191	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		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	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**COBURN, TERRY
2729 S US HWY 1 SUITE 10
FT PIERCE FL 34982**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	CEO
NAME	SHIROYAN, THOMAS H.	1.2 NAME	SHIROYAN, THOMAS H.
STREET ADDRESS	2729 S US HWY 1 STE 10	1.3 STREET ADDRESS	2729 S US HWY 1 STE 10
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP	FT PIERCE FL
TITLE	ST	2.1 TITLE	STD
NAME	COBURN, TERRY	2.2 NAME	COBURN, TERRY
STREET ADDRESS	2729 S US HWY 1 STE 10	2.3 STREET ADDRESS	2729 S US HWY 1 STE 10
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP	FT PIERCE FL
TITLE	P	3.1 TITLE	PD
NAME	METT, R M	3.2 NAME	METT, RM
STREET ADDRESS	2729 SOUTH US HIGHWAY ONE, #10	3.3 STREET ADDRESS	2729 SOUTH US HIGHWAY ONE, 310
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP	FT PIERCE FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 any attachment with an address.

SIGNATURE: *Terry Coburn* **TERRY COBURN** 4/22/98 211-465-2017

CR2E034 (10/97)