

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G22172** (2)
1. Corporation Name
BTS DEVELOPMENT CORPORATION



Principal Place of Business

**1149 PERIWINKLE WAY
SANIBEL FL 33957**

Mailing Address

**1149 PERIWINKLE WAY
SANIBEL FL 33957**

3. Date Incorporated or Qualified
01/07/1983

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NAUMANN, JOHN
1149 PERIWINKLE WAY
SANIBEL FL 33957**

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 or officer or director

Signature typed or printed name of registered agent or officer or director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**D
NAUMANN, JOHN
11108 SOUTH GLEN RD
POTOMAC MA**

☐ DELETE

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

**1149 Periwinkle Way
Sanibel, FL 33957**

☒ Change ☐ Addition

TITLE

**DS
MILTON, JEFFREY J.
11108 S. GLEN RD.
POTOMAC MD 20854**

☐ DELETE

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE

**ST
KAPFER, GREGORY M
8459 CLOVER LEAF DRIVE
MCLEAN VA**

☐ DELETE

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ DELETE

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ DELETE

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

☐ Change ☐ Addition

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 118.07(3)(k), 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:

Gregory M. Kapfer, Secretary

2/29/96 (301) 229-7727

CR2E034 (12/95)