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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # G52596 (5) DEVELOPMENT & COMMERCIAL PROPERTIES, INC.  Principal Place of Business Mailing Address 1640 PERIWINKLE WAY. STE. 5 PO BOX 134 SANIBEL ISLAND FL 33967 SANIBEL ISLAND FL 33967-0134					
SANIBEL ISLAN	D FL 33957	SANIBEL ISLAND FL 3395	77-UT 34	3. Date incorporated or Qualified 08/03/1983	3a. Date of East Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2309041	Not Applical
Suite, Apt 22	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
<ul> <li>City &amp; State</li> </ul>	)	City & State		6. Election Campaign Financing	\$5.00 May Be
23]		28		Trust Fund Contribution	Added to Fees
	Country	Zip	Country	8. This corporation has liability for i	
24	25 9. Name and Address of Curren	1 Registered Agent	30	Florida Statutes  10. Name and Address of New Re	Yes No
1640 SUIT SAN	BEL ISLAND FL 33957	_	83 84 City	ress (P.O. Box Number is Not Acceptab	FL 85 Zip Code
SIGNATURE	egistered agent, or both, in the State or familiar with, and accept the obligations by the obligation of the obligation		authorized by the corpora lorida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstating)	of the appointment as registered
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	
TIPLE NAME	PD Brodeur, Judy K.	DELETE	1.1 TITLE		☐ Change ☐ Addit
STREET ADDRESS	987 SAND CASTLE ROAD		1.2 NAME 1.3 STREET ADDRESS		
CITY-SI-ZIP	SANIBEL ISLAND FL		1.4 CIFY-ST-ZIP		
TITLE	SD	DELETE	2.1 TITLE		Change Addit
NAME	BRODEUR, RICHARD J.		2.2 NAME		
STREET ADDRESS	987 SAND CASTLE ROAD SANIBEL ISLAND FL		2.3 STREET ADDRESS		
Coly+S1+ZiP Tillié	SANIDEL ISLAND FL	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addit
NAMÉ			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY ST-76		····	3 4. CITY-ST-ZIP		,
HILLE		☐ DELETE	4.1 TITLE		Change Addit
NAME			4, 2 NAME		
STHEET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		☐ OELETE	4.4 CITY-ST-ZIP 5.1 Title		Change Addii
NAME		_ otter	5.2 NAME		Ami Almillo Fm3 Mani
STREET ADDRESS			53 STREET ADDRESS		
CITY-S1-ZIF			5.4 CITY-ST-ZIP		
TITLE	11 11 11 11 11 11 11 11 11 11 11 11 11	DELETE	6.1 TITLE		Change Addit
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - \$1 - ZIP	as sortify that the information are all a	d with this dition shop and are	6.4 CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statute	o I firsthan postificth at the
informatio	n indicated on this annual report or s	supplemental annual report is	true and accurate and that	d in Section 119.07(3)(1), Florida Statute it my signature shall have the same legant as required by Chapter 607, Florida S	I effect as if made under oath:

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/30/97

941 472 3142 Dayline Phone #

**FILED** 

May 08 1997 8:00am

Secretary of State

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