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95 MAY - 1 PM 2: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **H04941** (1)  
1. Corporation Name  
**DEVELOPMENT SERVICES OF ORANGE COUNTY, INC.**

Principal Place of Business      Mailing Address  
**801 S.R. 438**                              **801 S.R. 438**  
**STE 2037**                                      **STE 2037**  
**ALTAMONTE SPRINGS FL 32714-3053**      **ALTAMONTE SPRINGS FL 32714-3053**  
**US**    **US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address  
21    2b  
Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
22    27  
City & State                              City & State  
23    28  
Zip    Zip    Country                                      Country  
24    25    29    30

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/23/1984**                              **04/29/1994**

4. FEI Number                              Applied For  
**59-2577374**                              Not Applicable

5. Certificate of Status Desired       \$8.75 Additional  
Fee Required

6. Election Campaign Financing       \$5.00 May Be  
Trust Fund Contribution              Added to Fees

8. The corporation has liability for intangible tax under S. 199.032,  
Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

**DEMARCE, NED E.**  
**801 S.R. 438, STE 2037**  
**ALTAMONTE SPRINGS FL 32714**

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 re-registering)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DST</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEMARCE, NED E.</b>	1.2 NAME	
STREET ADDRESS	<b>801 S. R. 438, STE 2037</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ALTAMONTE SPGS. FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEMARCE, DANIEL A</b>	2.2 NAME	
STREET ADDRESS	<b>801 S.R. 438, STE 2037</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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: *Ned Demarce*      **NED DEMARCE**      3/3/95      407-867-6559  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number