FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -3 AM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H06455 (00)

1. Corporation Name
DEVELOPMENT DECISIONS, Inc

Principal Place of Business	Mailing Address
1390 S. DIXIE HWY #2104 CORAL GABLES FL 33146	PO BOX 504 MIAMI FL 33233-0504

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 6/4/84
3a. Date of Last Report: 4/22/94

2. Principal Place of Business
21: 1390 S. DIXIE HWY
Suite, Apt. #, etc. 22: 2104
City & State 23: CORAL GABLES FL
Zip 24: 33146 Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 59-2418287 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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

9. Name and Address of Current Registered Agent

Ann Selck
3400 PAN AMERICAN DR
MIAMI FL 33133

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	D/P/T	11 TITLE	D/P ☒ Change ☐ Addition
NAME	SELCK, ANN	12 NAME	SELCK, THOMAS E
STREET ADDRESS	3400 PAN AMERICAN DR	13 STREET ADDRESS	SAME
CITY-ST-ZIP	MIAMI, FL 33133	14 CITY-ST-ZIP	
TITLE	D/V	21 TITLE	D/T ☒ Change ☐ Addition
NAME	SELCK, THOMAS E.	22 NAME	SELCK, ANN
STREET ADDRESS	3400 PAN AMERICAN DR	23 STREET ADDRESS	SAME
CITY-ST-ZIP	MIAMI FL 33133	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	400001475264
STREET ADDRESS		43 STREET ADDRESS	-05/04/95--01022--005
CITY-ST-ZIP		44 CITY-ST-ZIP	****200.00 ****200.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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 an attachment with an address.

SIGNATURE Ann Selck Ann Selck 4/13/95 (305) 558-0658
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #