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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 13 1998 8:00am Secretary of State

·	1998	DIVISION OF	OOM ONATIONS	Secretary	
1. Corporation	MENT # J11566 NAME DEVELOPMENT, INC.	6 (3)		E IRRUM BING BING BANG BANG BING BING BING BING BING BING BING BI	NANI BYON BYON BYON DAY YOO
Principal Place	o of Burringer	Mailing Address			ijan engli atok alok alok alok
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11 GOLDEN ALFRUMN DR 28605 US HWY 19 N DAHLOMEGA GA 30633 STE 250					
المر المرابع		CLEARWATER FL 34621		DO NOT WRITE IN TH	IS SPACE
		U\$		 Date Incorporated or Qualified 05/01/1986 	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2663447	Not Applicable
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 142	Gold Flume Way	27	~.	a. Commodie of diated Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 <u>Cleve</u> Zip	Lland GA Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24 305.	. 	29	30	 This corporation owes or has paid the Personal Property Tax due June 30. 	Yes No
	g. Name and Address of Curren			10. Name and Address of New Register	
WA	LLACE, WILLIAM R		81 Name		
296	905 US HWY 19 N		82 Street A	Address (P.O. Box Number is Not Acceptable)	
	E 250				
CLI	EARWATER FL 34621		63		
			1 - 1		85 Zip Code
			84 City		2ip Code
	to the provisions of Sections 607 050; egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was alions of, Section 607.0505, F		corporation submits this statement for the purposoration's board of directors. I hereby accept the a	
SIGNATURE	Signature, typed or printed hame of registered age	ent and tilke if applicable (NC	utes, the above-named of authorized by the corporate Statutes.	corporation submits this statement for the purposionation's board of directors. I hereby accept the a required when reinstaling)	e of changing its registered appointment as registered
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed frame of registered age OFFICERS AND PD WILLIAMS, HARRISON D. 8416 CESSNA DR NEW PORT RICHEY FL	ent and fille if applicable (NC DEMRECTORS	ules, the above-named authorized by the corplorida Statutes. 16 Registered Agent signature 13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TIFLE	corporation submits this statement for the purposoration's board of directors. I hereby accept the a required when reinstelling) ADDITIONS/CHANGES TO OFFICERS A PD Harris Harrison Ha	e of changing its registered appointment as registered
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4. 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 an affaction of with an address.

SIGNATURE

A.D. Williams

4/5/98

* 0399437