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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J21071 (2)
1. Corporation Name
D.V.B. DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address
% DOUGLAS R. GIRVIN
SUITE 501, 1001 NORTH US HIGHWAY ONE
JUPITER FL 33477
US % DOUGLAS R. GIRVIN
1001 NORTH U.S. HIGHWAY ONE, SUITE 501
JUPITER FL 33477-4305
US



2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
06/25/1986 04/22/1996
4. FEI Number Applied For
59-2716759 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 10. Name and Address of New Registered Agent
GIRVIN, DOUGLAS R.
SUITE 501, THE HAAS BUILDING
1001 NORTH U.S. HIGHWAY ONE
JUPITER FL 33477
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	PD	1.1 TITLE	
NAME	VAN BROCK, GARY	1.2 NAME	
STREET ADDRESS	11991 SE TIFAFNY WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	TEQUESTA FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	GRAHAM, SUSAN	2.2 NAME	
STREET ADDRESS	3925 W 43RD ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	
NAME	DORNER, GREGG H	3.2 NAME	
STREET ADDRESS	3925 W 43RD ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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: Gary Van Brock GARY VAN BROCK 4/18/97 561-743-6760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)