


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J35904** (8)  
1. Corporation Name  
**DEVELOPMENTAL STRATEGIES, INC.**



Principal Place of Business <b>560 GLENWOOD AVENUE SATELLITE BEACH FL 32937</b>	Mailing Address <b>560 GLENWOOD AVENUE SATELLITE BEACH FL 32937</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>40 Lee Blvd.</b> Suite, Apt. #, etc. 22 <b>Savannah, Ga.</b> City & State 23 <b>31405</b> Zip 24 <b>USA</b> Country		2a. Mailing Address 26 <b>40 Lee Blvd.</b> Suite, Apt. #, etc. 27 <b>Savannah,</b> City & State 28 <b>Ga</b> Zip 29 <b>31405</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>10/01/1986</b>	3a. Date of Last Report <b>04/05/1996</b>
4. FEI Number <b>59-2727340</b>		Applied For <input checked="" type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCLENNAN, DOROTHY B. DL**  
**560 GLENWOOD AVENUE**  
**SATELLITE BEACH FL 32937**

81 Name <b>Dorothy B McLennan</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1421 Herndon Circle N.E.</b>
83 <b>Palm Bay</b>
84 City <b>FL</b>
85 Zip Code <b>32905</b>

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 *Dorothy B. McLennan* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>McLennan Dorothy B.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCLENNAN, DOROTHY B</b>		1.2 NAME	
STREET ADDRESS <b>560 GLENWOOD AVE.</b>		1.3 STREET ADDRESS <b>1421 Herndon Cir. N.E.</b>	
CITY-ST-ZIP <b>SATELLITE BEACH FL 32937</b>		1.4 CITY-ST-ZIP <b>Palm Bay 31. 32905</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *Dorothy B. McLennan* 9/12/97 (912) 353-9521

CR2E034 (4/97)