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

Feb 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (9)J48005 DRT DEVELOPMENT CORPORATION Mailing Address Principal Place of Business 101 E KENNEDY BLVD 101 E KENNEDY BLVD STE 2800 STE 2800 DO NOT WRITE IN THIS SPACE **TAMPA FL 33602** TAMPA FL 33602 3. Date Incorporated or Qualified 12/18/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 59-2776482 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6, Election Campaign Financing Added to Fees Trust Fund Contribution 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name INGLIS, JOHN S. 101 E KENNEDY BY 82 Street Address (P.O. Box Number is Not Acceptable) STE 2500 83 **TAMPA FL 33602** 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typod or printed name of registered agent and title it application (NOTE Registered Agent signature required when reinstating) OF LICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE Спапре ■ Addition 1.1 TITLE TITLE NAME DELATER, RICHARD E. 1.2 NAME STREET ADDRESS 901 VIA LUGANO 1.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP ☐ Addition DELETE 3.1 TITLE Channe NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRÉSS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELE 1E Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST- ZIP 5.4 CITY-ST-ZIP DELETE ☐ Addition 61 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. 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. The receiver or trustor employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed an alternative and the receiver of the corporation.

SIGNATURE:

FILED