FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 16 AM 9:52

DOCUMENT # J76033 (6)

1. Corporation Name
EASTLAND DEVELOPMENT CORP.

Principal Place of Business
9873 LAWRENCE RD
L101
BOYNTON BEACH FL 33436

Mailing Address
9873 LAWRENCE RD
L101
BOYNTON BEACH FL 33436

3. Date Incorporated or Qualified: 06/04/1987
3a. Date of Last Report: 02/28/1995

2. Principal Place of Business
21 5200 Town Center Circle
Suite, Apt #, etc.
22
City & State
23 Boca Raton, FL
Zip 24 33486 Country 25 USA

2a. Mailing Address
26 5200 Town Center Circle
Suite, Apt #, etc.
27
City & State
28 Boca Raton, FL
Zip 29 33486 Country 30 USA

4. FEI Number: 59-2820840 ☐ 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

CHAPPELEAR, JOHN M.
9873 LAWRENCE RD
L101
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent
81 Name: Bernard Zimmerman
82 Street Address (P.O. Box Number is Not Acceptable): 5200 Town Center Circle
83
84 City: Boca Raton FL 85 Zip Code: 33486

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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] DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ZIMMERMAN, BERNARD	
STREET ADDRESS	21133 ORMAND COURT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DP	☐ DELETE
NAME	CHAPPELEAR, JOHN	
STREET ADDRESS	1015 BEL AIR DRIVE #1	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	DVP	☐ DELETE
NAME	MANDEL, NEWTON	
STREET ADDRESS	345 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	☐ DELETE
NAME	MANDEL, NEWTON	
STREET ADDRESS	345 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

800001982430
-10/02/96--01023--005
****225.00 ****225.00

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(k), 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0270718 CP