FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

K24096

(5)

1.	Corporation Name		-			•
	F.F.	JOHNSTON	DEVE	OPME	NT	CORPORATION



Frillidipal Flace	UI DUSINESS	Mailing Address	ng Address									
4361 N. 413 HOLLYWOO	ST COURT DD FL 33021		4361 N. 41ST COURT HOLLYWOOD FL 33021									
						3. Date Incorporated or Qualified 05/16/1988		of Last F 06/27/1				
2. Principal Pla	ace of Business	2a. Mailing Address	ress			4. FEI Number		h	Applied For			
Suite, Apt. #	f atc	··· •'	26			NOT APPLICABLE	Not Applicable					
22		27				5. Certificate of Status Desired	\$8.75 Additional Fee Required					
City & State		28				Election Campaign Financing Trust Fund Contribution			May Be d to Fees			
Zip 24	Country 25	Zip 29	Coun 30	try		8. This corporation has fiability for Florida Statutes Yes	ntangible ta No	x under s	199.032,			
	g. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered a	Agent				
450.00	TALL FRALE		3	81	Name							
JOHNSTON, EDGAR 4361 N 41 CT.					Street Addre	iress (P.O. Box Number is Not Acceptable)						
HOLLY	WOOD FL 33021		1	33								
			1	84	City		FL	85 Zi	ip Code			
or registere familiar with SIGNATURE	ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	ia. Such change was authorize on 607.0505, Florida Statutes.	ed by the co	orpo	oration's board	ation submits this statement for the pur of of directors. I hereby accept the app	pose of cha pintment as	Inging its registered	registered office I agent. I am			
12.	Signature, typed or printed name of registered agent. OFFICERS AND		TE: Registered A	gent	signature required		DATE DE AND	DIDECTO	3DC IN 40			
TITLE	PD	DELETE	1.1 Titl	LE		ADDITIONS/CHANGES TO OFF		DIRECTO	DHS IN 12			
NAME	JOHNSTON, ED	C 1		1.2 NAME		visings recently						
STREET ADDRESS	4361 N. 41ST COURT				ADDRESS							
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY									
TITLE		☐ DELETE	2. 1 TITI		-411		Г	Change	☐ Addition			
NAME			2 2 NAN	ΛĒ			•					
STREET ADDRESS			2.3 STR	EET A	ADDRESS							
CITY-ST-ZIP			2.4 City	/-\$T	- ZIP							
TITLE		[] DELETE	3. 1 T(1)	LE			[Change	☐ Addition			
NAME			3.2 NAM	ИE								
STREET ADDRESS			3.3 STF	REET.	ADDRESS							
CITY-ST-ZIP			3.4 C(T)		- ZIP	<u> </u>						
TITLE		DELETE	4. 1 TiTi				[Change	☐ Addition			
NAME			4.2 NAM									
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CiTy		- ZIP			7 Chanas	[T] Address			
NAME			5. 1 TITI		1		L	Change	Addition			
STREET ADDRESS			5.2 NAM		ADDRECO							
CITY-ST-ZIP					ADDRESS							
TITLE		☐ DELETE	5.4 CITY 6. 1 TITE		-711		г] Change	Addition			
NAME		L	6.2 NAM				L	Onlings				
STREET ADDRESS					ADDRESS .							
CITY-ST-ZIP			6.4 CITY									
certify that oath; that I appears in	the information indicated on this annu- l am an officer or director of the corpoi Block 12 or Block 13 if changed, or o	al report or supplemental anno ratiog or the receiver or trustee	ished and dual report is a empowere	oes true id to	not qualify for a and accurate a execute this	r the exemption stated in Section 119, e and that my signature shall have the report as required by Chapter 607, Fir	same legal orida Statute	effect as i es; and th	f made under at my name			
SIGNAT		PRINTED NAME OF SIGNING OFFICE	GAR R OR DIRECTO)R	lohns.	TON 02-04-9	6 (754)3 sytime Phone	28-7641			